



International Journal of Case Reports & Short Reviews

Mini Review

Comparative Study of Perioperative Complications in Patients with and without Placement of Colonic Stent -

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Submitted: 07 March 2019; **Approved:** 02 April 2019; **Published:** 05 April 2019

Cite this article: Laso CA, Pereira AC, Enedina AG, Garcia J, Rodriguez VS, et al. Comparative Study of Perioperative Complications in Patients with and without Placement of Colonic Stent. Int J Case Rep Short Rev. 2019;5(4): 012-014.

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INTRODUCTION

Emergency surgical treatment of patients with obstructive colorectal neoplasms is associated with high morbi-mortality and high percentage of colostomies. Stent placement to decompress the obstruction previous elective surgery is a recommended option [1,2].

OBJECTIVE

To compare the rate of perioperative complications between patients with colonic stent placement, previous to elective surgery and patients without it.

MATERIAL AND METHODS

This is a retrospective cohort study 50 patients (between 2014 and 2017) are divided into two comparable groups. In groups A we include 25 patients (median age 72, 13 women and 12 men) patients with emergency stent placement for obstructive colorectal neoplasia as bridge to oncological surgery. In group B, comparable consecutive patients regarding tumour location, age and gender without stent are included.

We will study the differences in the approach employed, intra and postoperative complications and stoma creation.

RESULTS

The laparoscopic approach was used in 88% of cases in group A and 92% in group B, requiring conversion in 4% in both groups. Conversion rate was 9 % in group A and 8% in group B.

In both groups, 4% of the cases required a stoma. 12% of cases in group A had postoperative major complications, compared to 8% in group B.

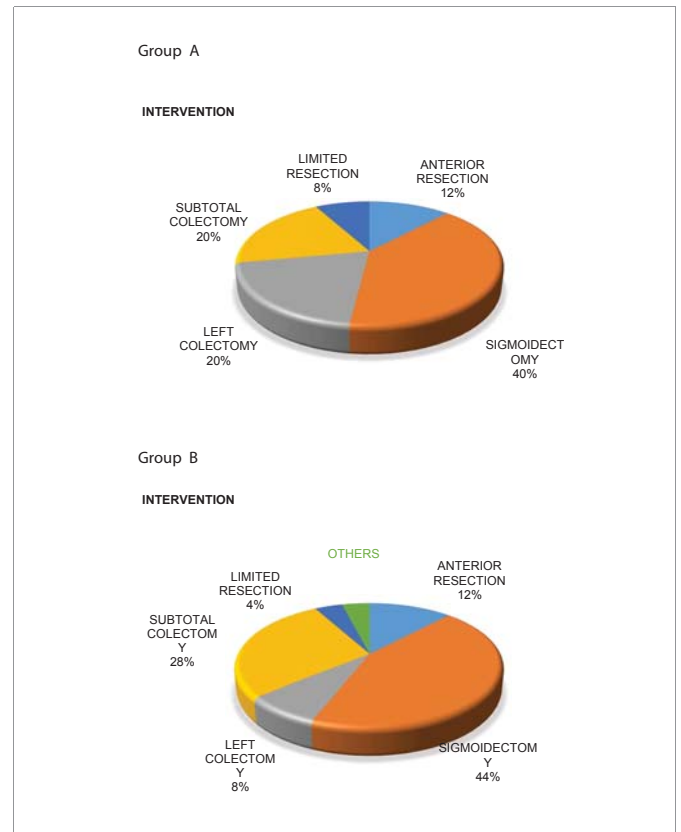


Figure 2:

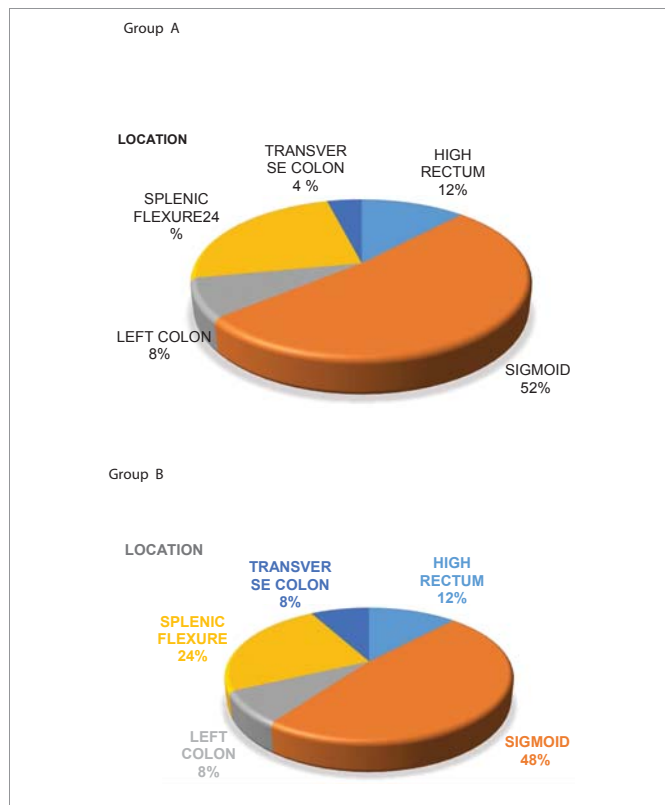


Figure 1: Location

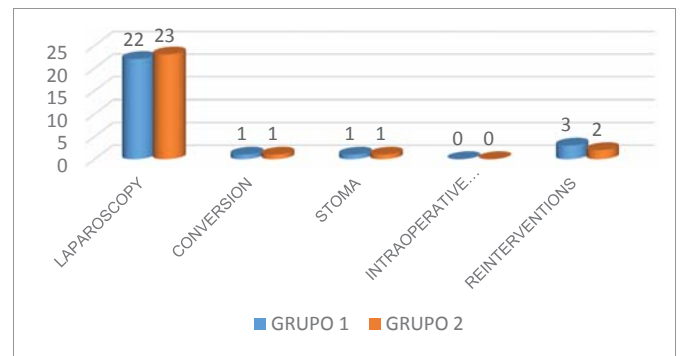


Figure 3: Results

DISCUSSION

Although some authors may argue that colonic stent is harmful and could lead to tumour perforation or cancer dissemination³ most recent meta-analysis⁴ demonstrate that is oncological ways acceptable and safe. In this metanalysis more than 1900 patients were analysed and 5 year overall survival seems to be similar. Only statistically non-significant differences were found in favour or non-stent patients at three years.

The hypothesis that colonic stent makes surgery more difficult and has greater conversion rate and more definitive colostomies is clearly refuted in this study.

Although some authors may think that overall survival is worse in base to some descriptive studies⁵, this studies are made with very few patients (48 vs 39) and they lack of methodology consistency.



Our experience is that is oncologically safe and less aggressive procedure [3-5].

CONCLUSION

The use of colonic stents as bridge to elective surgery in patients with obstructive neoplasms equals the results to elective surgery and does not add greater risk for patients.

REFERENCES

1. Matsuda A, Miyashita M, Matsumoto S, Matsutani T, Sakurazawa N, Takahashi G, et al. Comparison of long-term outcomes of colonic stent as "bridge to surgery" and emergency surgery for malignant large-bowel obstruction: a meta-analysis. *Ann Surg Oncol*. 2015; 22: 497-504. <https://bit.ly/2I21RCN>
2. Crespi-Mir A, Romero-Marcos JM, de la Llave-Serralvo A, Dolz-Abadia C, Cifuentes-Rodenas JA. Impact on surgical and oncological results of the use of colonic stents as a bridge to surgery for potentially curable occlusive colorectal neoplasms. *Cir Esp*. 2018; 96: 419-428. <https://bit.ly/2VudyWh>
3. Di Saverio S, Birindelli A, Segalini E, Novello M, Larocca A, Ferrara F, et al. "To stent or not to stent?": immediate emergency surgery with laparoscopic radical colectomy with CME and primary anastomosis is feasible for obstructing left colon carcinoma. *Surg Endosc*. 2018; 32: 2151-2155. <https://bit.ly/2UwVihs>
4. Amelung FJ, Burghgraef TA, Tanis PJ, van Hooft JE, Ter Borg F, Siersema PD, et al. Critical appraisal of oncological safety of stent as bridge to surgery in left-sided obstructing coloncancer; a systematic review and meta-analysis. *Crit Rev Oncol Hematol*. 2018; 131: 66-75. <https://bit.ly/2VpMIDN>
5. Sabbagh C, Browet F, Diouf M, Cosse C, Brehant O, Bartoli E, et al. Is stenting as "a bridge to surgery" an oncologically safe strategy for the management of acute, left-sided, malignant, colonic obstruction? A comparative study with a propensity score analysis. *Ann Surg*. 2013; 258: 107-115. <https://bit.ly/2G11LcC>