Kazakhstan, Qyzylorda Regional Cancer Center

Successful Single-Stage Extended Right Hemihepatectomy With Low Anterior Resection Of The Rectum In Patients With Colorectal Cancer With Liver Metastases

Aibolat Smagulov, Shahmarat Ospanov, Bolat Tleuliev

Background:
Colorectal cancer (CRC) occupies the 4th place in the structure of cancer morbidity in Kazakhstan. From 35 to 57% of patients with colorectal cancer with primary treatment have metastases to the liver. However, active surgical treatment of metastatic liver invasion allows achieving 5-year survival in 27-47% of patients.

Methods
We present the clinical observation of successful surgical treatment of rectal cancer with liver metastases with simultaneous execution of extended right hepatectomy and "low" anterior rectal resection.

Patient I., 52 years old, male. From anamnesis: the above complaints are noted within 6 months.

Ultrasonography of the abdominal cavity revealed a focal lesion in the right lobe of the liver, with a colonoscopy: in the middle-ampullar rectal section, a tumor up to 5 cm in length is located 8 cm above the anus, which closes the colon lumen of the gut by 2/3; the result of a biopsy: moderately differentiated adenocarcinoma. By PET – no other metastatic problems.

Results
Was performed extended right hepatectomy (cholecystectomy) and "low" anterior rectal resection.

After operation recommended adjuvant chemotherapy. At the control examination 3 months later after the operative treatment the condition is satisfactory, the laboratory parameters are within the norm. With ultrasound of the abdominal cavity signs of progression of the disease is not revealed.

Conclusion
Thus, the using of one-step operations on the primary tumors of CRC and liver metastatically lesions makes it possible to perform the surgical treatment in a shorter time and earlier to start adjuvant chemotherapy. With hepatic metastases of CRC, it is justified to perform extended liver resections.

Thank You for attention!