Gastroenteroanastomosis (GEA): Method of choice in the advanced stomach cancer in older age

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The incidence of locally advanced gastric cancer is increasing as the average life span is prolonging. Concomitant diseases in elderly patients often prevent radical surgery and/or treatment with chemotherapy. Thus, palliative surgery is a treatment of choice in this group of patients. The aim of the study was to investigate the outcome of these patients with high operative risk treated only with GEA at the Department of Abdominal Surgery. From 1994 to 1998 fifty-six patients were admitted at the Department because of gastric cancer. Seventeen patients were diagnosed with locally advanced stomach cancer and were treated with GEA. All of them were above the age of 65 and all of them had serious cardiovascular disease that was the contraindication for radical surgery. However, despite of this there were no postoperative complications in these patients. After median follow up of 3 years we noticed 14 out of 17 deaths. In none of them distant metastases were confirmed on the last examination. Furthermore, no one of them developed high gastrointestinal occlusion. The median survival of the whole group of 17 inoperable patients is 14 months (range 2.5 - 36 months). In conclusion, GEA is a safe and acceptable surgical procedure because it provides the chance for better quality of life of elder gastric cancer patients with no choice for cytoreductive surgery.