

IS ENDOSCOPIC COLORECTAL STENTING AS A BRIDGE TO SURGERY REALLY USEFUL FOR MALIGNANT COLONIC OBSTRUCTION?

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Background and Aim: Endoscopic colorectal stenting in malignant colorectal obstruction has been reported to have the advantages such as high successful primary anastomosis and low overall stoma rate as a bridge to surgery, shorter hospital stay and cost effectiveness. But recent studies reported that colorectal stenting was no more effective and safe compared to emergency surgery in clinical success rate and overall complication rate. The aim of this study was to compare the outcomes between operation after colorectal stenting as a bridge and emergency surgery in patients with colorectal obstruction.

Methods: We reviewed the medical records of 105 patients who were treated for primary obstructing colorectal cancer between May 2009 and May 2003. 48 patients were performed the endoscopic colorectal stent insertion as a bridge to surgery (stent group). 11 patients who underwent the emergency surgery whether stent insertion was successful or not, were included among stent group. 15 patients underwent an emergent operation without colorectal stent. Primary outcomes included the stoma rate and the length of hospital stay after surgery, postoperative complication. Secondary outcomes were in-hospital mortality and 1 year survival rate.

Result: The overall success rate of colorectal stent insertion for malignant colorectal obstruction was 88.7%(77/86). The success rate of stent as a bridge to surgery was 83.3(40/48). Technical failure occurred in 5 patients(10.4%). Perforation during colorectal stenting occurred in 3 patients(6.3%). 37 patients(77.1%) in stent group underwent elective surgery. The stoma rate was 33.3%(16/48) in stent group versus 46.7%(7/15) in emergency surgery group (p=0.35). The median postoperative hospital stay was 13.6±11.4 days versus 14.8±7.2 days (p=0.20). The postoperative complication rate was 14.6%(7/48) versus 13.3%(2/15)(p=1.00). The in-hospital mortality rate in both groups was 6%. Kaplan-Meier survival curves showed no significant difference(1 year survival rate 65.6% versus 62.3%, p=0.639).

Conclusion: Endoscopic colorectal stenting as a bridge to surgery showed no additional clinical benefit comparing with emergency surgery in malignant colorectal obstruction. If the patients are at increased risk for complications of emergency surgery, stent can be considered as alternative approach to emergency surgery of obstructive colorectal cancer.