Original Research Article

New Indian Journal of Surgery
Volume 7 Number 2, May - August 2016
DOI: https://dx.doi.org/10.21088/nijs.0976.4747.7216.10

Palliative Gastrectomy V/S Anterior Gastrojejunostomy with Jejunojenostomy in Malignant Gastric out Let Obstruction-GOO

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Abstract

Malignant Gastric out Let obstruction- GOO is most common presentation of a Advanced Carcinoma of stomach in males.

On review of 20 patients of advanced Malignant GOO in males, 10 male patients were treated with Palliative Gastrectomies; other 10 male patients were treated with Anterior Gastrojejunostomy & Jejuno jenostomies, followed with Chemotherapy of 5 FU, 750 mgs IV infusion for 3 days for 6 months. Survival rate & Quality of Life were the same in both groups around 2 yrs.

The study has been done in a few hospitals where I worked, Government Royapettah Hospital from September 1982 to May 1987, Coimbatore Medical college Hospital from June 1987 to April 1991, Government Head quarters Hospital, Erode from September 1991 to December 2000, Perundurai Medical College Hospital, Perundurai from November 2002 to July 2004.

Keywords: Carcinoma; Chemotherapy; Palliative Gastrectomies; Anterior Gastrojejunostomy.

Introduction

Advanced gastric cancer is defined as involvement of muscularis & or serosa with or without involvement of Lymph Nodes. All the patients presented with pain & mass in epigastric region of abdomen, vomiting, large quantity of partially digested or undigested food, loss of appetite & loss of weight, VGP- visible gastric peristalsis, and metabolic alkalosis & electrolyte changes, anemia & Hypoprotaenemia.

Materials & Methods

For all patients, we corrected the electrolyte imbalances with IV fluids by which hyponatraemia, hypochloraemia, hypokalaemia, hypocalcaemia hypomagnesaemia all rectified. Nasogastric tube passed & gastric lavage given for 2 to 3 days. Then gastroscopy & biopsy done and confirmed as Adenocarcinoma of different types like mucinous, signet ring & Intestinal types. Blood transfusion & correction of hypoprotaemia done with human albumin & plasma.

In all 20 patients the growth was mobile, Palliative gastrectomies done in 10 patients, in other 10 patients, Anterior Gastrojejunostomy with jejunojenostomy were done. All 20 patients were given palliative Chemotherapy with 5 Fluorouracil, 750 mgs infusion for 3 days for 6 months.

Discussion

In both groups, patient's general conditions improved, satisfied with food intake & digestion, pain and vomiting totally subsided. On follow up on both groups, the survival was the same for Palliative Gastrectomy & AGJ with Jejunojenostomy, around 2 yrs. No differences in survival and quality of Life in both groups.

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Conclusion

By this study, for an advanced Carcinoma Stomach with Gastric outlet Obstruction, the *quality of life & survival* are the same with Palliative Gastrectomy V/S AGJ with Jejunojenostomy, so we can adopt any one according to the surgeon's choice.

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