

Early Perioperative Intraperitoneal Chemotherapy Plus Peritonectomy for Peritoneal Seeding in AGC

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Background and Object: Peritoneal seeding is the most common type of metastasis or recurrence and one of the poor prognostic factor. Moreover, there are no effective modalities until now. Intraperitoneal chemotherapy and peritonectomy are in trial stage. Authors evaluated the safety and the efficacy of aggressive cytoreductive surgery plus early perioperative intraperitoneal chemotherapy (EPIC) in gastric cancer patients with preoperatively unexpected peritoneal seeding during exploration.

Material and Method: 18 patients who underwent cytoreduction with EPIC and 33 patient who underwent open biopsy or bypass surgery only for control group were included for this study. They were operated at Korea Cancer Center Hospital with diagnosis of adenocarcinoma of stomach from Nov. 1997 to May. 2002. Their medical records were reviewed retrospectively. Survival was calculated by Kaplan-Meier method. All variables were compared with student t-test. and, survival was compared by Log-rank test. Statistics were done by SPSS for windows. p value less than 0.05 was considered as statistically significant.

Result: Median follow-up period of 18 patients of EPIC plus cytoreduction group was 11.9month. One mortality (5.5%) and four morbidities (22%) just related with EPIC were noted. Complication associated with surgery itself were not documented. 1-year survival and 5-year survival rate of EPIC plus cytoreductive surgery were 57% and 17.9%. and, those of control group were 21% and 0%. Survival of EPIC group was better than that of control group ($p=0.0026$).

Conclusion: though selected cases were included, EPIC plus cytoreductive surgery showed better survival and tolerable complication compared with control group. It would be a candidate of optimal treatment for peritoneal seeding of gastric cancer.