



# Totally laparoscopic versus open radical gastrectomy for gastric cancer; a comparative study

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## Abstract:

Abstract: cancer stomach is the fifth killer cancer worldwide. Radical gastrectomy for tumor resection is the gold standard for potential cure of resectable gastric cancer. Recent advances in laparoscopy especially high resolution of imaging and energy dissection/vessel sealing devices have allowed laparoscopy to have a role in gastrectomy even radical ones that necessitate lymph nodes dissection. This gives advantages of minimal invasiveness but shouldn't be on expense of safety and oncologic efficiency of the resection. Several recent studies have discussed the role of laparoscopy in radical gastric resection for cancer. Still further studies are needed in this field. Objective: retrospective comparison between laparoscopic and open radical gastrectomy for resectable gastric cancer, regarding oncologic efficiency (safety margin, number of LNs, tumor free survival, and overall survival) and safety (operative blood loss, viscus or organ injury, anastomotic leakage, wound infection, incisional hernia, and operative and early postoperative mortality) for patients operated upon in the Surgery Department, Assiut University Hospital. Patients and methods: This retrospective study involved 47 consecutive patients who had radical gastrectomy for gastric adenocarcinoma. All patients were admitted to the Surgery Department Assiut university Hospital between January 1st, 2014 and December 31st 2016. Patients were divided into 2 groups. Group A; included patients who had totally laparoscopic radical gastrectomy (No 13) and group B; included patients who had open radical gastrectomy (No 34). The two groups were compared regarding pathologic safety margin from the excised tumor, number of LNs, tumor free survival, and overall survival. Also, they were compared regarding operative blood loss, viscus or organ injury, anastomotic leakage, wound infection, incisional hernia, and operative and early postoperative mortality, and postoperative hospital stay. Results: in group A (n= 13) all operations were completed laparoscopically. There were 7 females and 6 males. Mean age was 49 years old (range 38-59). The clinical TNM stages were stage II in 8 patients (8/13) and stage III in 5 (5/13). Negative safety margin was achieved in 10 (10/13) patients, while margin was close (

## Keywords:

laparoscopic versus, open radical gastrectomy, gastric cancer

## Published In:

Cancer Biology , 2018;8(2) , 27-33