

MODERN ASPECTS OF SURGICAL TREATMENT AND DIAGNOSIS OF COLORECTAL CANCER

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Relevance

Today, colorectal cancer remains the most common malignant neoplasm, the main method of which is surgical treatment. According to Global Cancer Statistics, in

2020, the mortality rate from colorectal cancer was 9.4%, and the number of new cases was about 2 million.

Keywords: Colorectal cancer, colon resection, rehabilitation.

The purpose of our study was to improve the treatment of patients with colorectal cancer through the use of minimally invasive interventions and accelerated rehabilitation.

Materials and methods of research

The study included 302 patients who received treatment at the Republican Specialized Scientific and Practical Medical Center of Oncology and Radiology. 134 patients were selected into the open intervention group, 104 patients into the laparoscopic intervention group, and 64 patients into the open surgery group using an accelerated rehabilitation protocol. For convenience and completeness of the analysis, during statistical processing of the material, patients were combined into the study group (168 patients who underwent either laparoscopic interventions or open operations using an accelerated rehabilitation protocol) and 134 patients in the control group.

All patients underwent the following studies: rectoscopy, chest x-ray, ultrasound of the abdominal cavity, pelvis and inguinal lymph nodes, colonoscopy with biopsy (biopsy materials are stored in paraffin blocks), MRI of the pelvic organs, digital rectal examination, general blood test, biochemical blood test (urea creatinine, ALT/AST, alkaline phosphatase, total protein and albumin, glucose), general urine test, coagulogram, CEA, CA 19.9, ECG. Also, if necessary, an examination was carried out by narrow specialists. Assessment of general condition according to the ECOG scale.

By gender, the study group included 89 men and 79 women, the control group – 79 men and 55 women ($p = 0.299$). The average age of patients in the study group was 56.82 ± 1 year, in the control group it reached 56.33 ± 1.054 years ($p = 0.924$), which also indicates the absence of a significant difference in this indicator, as well as in the indicators of the presence of certain concomitant diseases ($p = 0.104$).

Research results

In the combined group of laparoscopic and open interventions using rapid recovery protocols, the average blood loss was 56.8988 ± 1.00642 ml, in the group of open operations without using a rapid recovery protocol - 151.5224 ± 5.52378 ml, the difference in indicators was significant ($p = 0$), however, Livigne's criterion for equality of variances indicated the reliable significance of the results, and therefore an additional test was carried out for the Mann-Whitney U-test, which confirmed the reliability of the results of the Student's test ($p = 0$). According to the analysis performed, it was established that the average the time of surgical interventions in the study group was 248.0952 ± 29.34965 minutes versus 276.7164 ± 46.73971 minutes. Livigne's test for equality of variances did not reach significance, thus a normal distribution between groups can be recognized, but the statistical significance of the differences was not confirmed ($p = 0.105$). When analyzing early postoperative complications according to the Clavien-Dindo classification, the Pearson test was also performed for the control and study groups combined according to the above parameters. Based on the results of the analysis, no significant difference was established in terms of early postoperative complications, illustrated. In the study group of patients, early postoperative complications were absent in 74.4%, in the control group – in 75.37%.

Conclusions

Carrying out operations using laparoscopic access or open operations using the developed accelerated rehabilitation protocol can reliably speed up the rehabilitation of patients. Thus, the average bed day in the study group was 8.02 ± 0.157 versus 8.8 ± 0.246 , that is, the difference was approximately 1 bed day. When conducting this analysis, the Livigne criterion reached significance, which indicated the heterogeneity of the data and required the Mann-Whitney U test, the value of which, in turn ($p = 0.004$), confirmed the significance of the differences in the average bed-day indicators.

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