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SURGICAL TREATMENT OF DISTANT METASTASES IN A PATIENT WITH COLORECTAL CANCER

Summary: the results of a successful combined treatment of distant metastases of colorectal cancer, including surgical removal of metastases with subsequent systemic chemotherapy are given.

Keywords: metastatic colorectal cancer, combined treatment, resectable metastases.

The issues of metastasis of malignant tumors, in particular colorectal cancer, remain one of actual problems of oncology, which is largely due to high rates of morbidity, the variety of clinical forms of the tumor, unsatisfactory results of treatment. The growing number of patients with colorectal cancer in all economically developed countries, as well as an increase in the number of patients with the common forms of the disease, which include local tumor spread and distant metastasis draw the attention of specialists [1, 3, 5, 6]. Until recently, the appearance of a remote, even isolated metastases in other organs are considered as a sign of dissemination of tumor process and, therefore, hopelessness of the patient. Recently, however, it is proved that the surgical treatment, chemo- and radiotherapy give the opportunity to prolong the life of patients for a long term and improve its quality. The main difficulty is the lack of standard approaches not only in diagnosis but also in treatment of these patients. Most researchers consider that the improvement of results of treatment in this group is achieved by a combined approach: the maximum possible removal of all tumor manifestations with the subsequent chemotherapy, that is a factor which defines a better prognosis [2, 4]. Active surgical tactics, as a surgical intervention on the organs affected by distant metastases, provides a significant increase in survival rates in these patients, up to 5 - and even 10 - year results. Depending on the way of additional drug treatment and factors forecast the 5-year survival rates, according to different authors, varies from 25 to 58 % [3, 5].

Below is an example of a successful combined treatment in the clinic of the Institute of a 68 years-old patient. Diagnosis: cancer of the transverse colon T3N2M0, after combined treatment (2010), the progression of neoplastic process. Anamnesis: the

patient in October 2010 undergone the surgery — resection of the transverse colon with formation of anastomosis. Histologically it was average differentiated adenocarcinoma with areas of low differentiated, which grows through all layers of the intestinal wall, invades the surrounding fat tissue, in 5 of 15 lymph nodes metastases are found. From January to November 2011 there were 6 cycles of adjuvant FOLFOX chemotherapy. In December 2011, at follow-up examination metastases in lung, left ovarian and locoregional recurrence (according to PET) were revealed. The level of CEA was 50,7 ng/ml. From December 2011 till June 2012 the patient underwent 6 cycles of FOLFIRI chemotherapy and bevacizumab with a pronounced positive dynamics. In November 2012 the patient has undergone a right-sided hemicolectomy with left adnexectomy. Histological study: low-differentiated adenocarcinoma, which grows all layers of the bowel wall; in the ovary - metastasis of low-differentiated adenocarcinoma. From January 2013 patient received 3 cycles of chemotherapy: oxaliplatin+xeloda. Liver metastases were revealed in March 2015 according to MRI of the abdomen. The levels of CEA was 36 ng/ml. Resection of VI, VII, VIII, IXA segments of the liver was performed. Histological examination: metastasis of average-differentiated adenocarcinoma. The development of severe toxicity while receiving xeloda as monotherapy, not allowed to continue the chemotherapy, the patient left under strict dynamic control.

Given observation demonstrates the efficiency of combined tactics of treatment of patients with resectable colorectal cancer metastases, which improves the quality of life of patients and allows to create the most favorable conditions for the subsequent drug treatment.



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ХИРУРГИЧЕСКОЕ
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Резюме. Представлены результаты успешного комбинированного лечения отдаленных метастазов колоректального рака, включающее хирургическое удаление метастазов с последующей системной химиотерапией.

Ключевые слова: метастатический колоректальный рак, комбинированное лечение, резектабельные метастазы.

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Резюме. Представлені результати успішного комбінованого лікування віддалених метастазів колоректального раку, яке включає хірургічне видалення метастазів з подальшою системною хіміотерапією.

Ключові слова: метастатичний колоректальний рак, комбіноване лікування, резектабельні метастази.