PREFORMING URGENT LAPAROTOMY ON PATIENTS WITH METASTATIC COLORECTAL CANCER PRESENTING WITH AN ACUTE ABDOMEN: A RETROSPECTIVE ANALYSIS

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Objectives: Much has been written about the elective treatment of metastatic colorectal cancer (MCRC) patients but there are few systematic studies and no clear guidelines for the surgical management of patients with metastatic colorectal cancer presenting to the Emergency Department (E.D) with an acute abdomen. The aim of this study was to analyze a cohort of MCRC patients requiring urgent surgery and try to isolate poor prognostic factors contributing to patient's postoperative mortality and morbidity.

Methods: A retrospective analysis of patients diagnosed with stage 4 colorectal cancer who required urgent exploratory laparotomy, between the years 2010-2015 at the Rabin Medical Center (a tertiary- care referral center).

Results: 62 patients met inclusion criteria and were included in the study. Large bowel obstruction was the most common indication for urgent laparotomy. In hospital mortality was 30% (n=18) and overall 30 day mortality was 42%. 15 patients (24%) required more than 1 operation and the average length of stay was 21 days. Age was the only prognostic factor found for mortality (P<0.05).

Conclusion: MCRC laparotomy patients incur a significant burden of care and have a relatively high incidence of early mortality. Among the factors studied, age alone was statistically significant for predicting early postoperative mortality. Patients’ initial indication for surgery, extent of metastatic disease, comorbidities and diagnosis status (new vs. known) were not prognostic factors. Further studies are required to better identify prognostic factors to select those patients with MCRC who might benefit the most from urgent laparotomy.