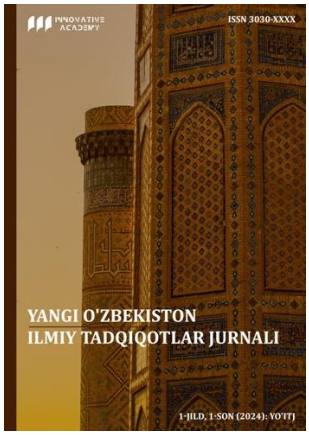

MODERN ASPECTS OF DIAGNOSIS OF METASTASIS OF GASTRIC CANCER TO THE LIVER

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stomach cancer, liver metastases, surgical treatment, survival.

ABSTRACT

The article presents data on the surgical treatment of patients with gastric cancer that has metastasized to the liver. A retrospective analysis of materials from 2014 to 2023 was carried out in 51 patients from the Department of Thoracoabdominal Surgery. The patients were divided into two groups: the main group included patients n=28 (54.9%) who simultaneously underwent gastric removal from resections of metastatic liver nodules. In the second control group, n=23 (45.1%) were patients who, taking into account the general condition of the patients, the presence of complications (bleeding, stenosis, dysphagia), underwent gastrectomy or gastric resection without removal of metastatic liver nodes. Depending on the location and histological structure of the tumor, 22 (43.1%) patients underwent distal subtotal gastrectomy and 29 (56.9%) patients underwent gastrectomy.

Relevance. Gastric cancer (PC) is one of the leading causes of death from malignant neoplasms in the world. The problem of improving the surgery of locally advanced gastric cancer remains very relevant, in our country most patients at the time of diagnosis have an advanced stage. Early cancer accounts for only up to 10% of all new cases, and 64.2% of patients are diagnosed with stage III-IV of the disease. As a result, 83% of patients have metastases in regional lymph nodes by the time the disease is detected, 53.8% die within 1 year after diagnosis.

Metastatic liver injury worsens the prognosis and outcomes of the disease. As a result, the issues of surgical care for patients with gastric cancer in the presence of metastases do not lose their relevance.

The aim of the study. was to evaluate the results of surgical treatment of gastric cancer metastasis to the liver.

Material and methods. for the period from 2014 to 2023, the results of surgical treatment of gastric cancer with liver metastasis in 51 patients in the Department of Thoracoabdominal Surgery of the Samarkand branch of the RSNPMC&D were studied. The patients were divided

into two groups: the main group included patients n=28 (54.9%) who simultaneously underwent gastric removal from resections of metastatic liver nodules. In the second control group, n=23 (45.1%) were patients who, taking into account the general condition of the patients, the presence of complications (bleeding, stenosis, dysphagia), underwent gastrectomy or gastric resection without removal of metastatic liver nodes. Depending on the location and histological structure of the tumor, 22 (43.1%) patients underwent distal subtotal gastrectomy and 29 (56.9%) patients underwent gastrectomy. The main group consisted of men, most of whom were operated on – 18 (64.2%). When distributing patients by age, the majority were people aged 35-70 years. The diagnosis of gastric cancer was established on the basis of clinical and radiology, morphological data using modern methods of radiation diagnostics (MSCT, MRI, PET CT) and laparoscopic data. All operated patients corresponded to the stages of T3-4aN0-2M1 (hepar).

Results and discussion. according to the data obtained, metastatic lesions of the left lobe were detected in 9 (32%) and right lobe lesions in 12 (43%) patients, and bilobar lesions were found in 7 (25%) patients. Metastases of lesions of one segment in 5 (17.9%) patients who underwent anatomical resection of the liver. Bisegmentectomy was performed in 13 (46.4%) patients with lesions of two segments. In 10 (35.7%) x patients, lesions had three segments, A bisegmentectomy was performed. All patients underwent adjuvant chemotherapy according to the FOLFOX regimen in the postoperative stage. In the study group, the one-year survival rate was 60.7%, the three-year survival rate was 17.6%, and the five-year survival rate was 10.7%. In the control group, the one-year survival rate was 45.6%.

Conclusions. In case of stomach cancer with liver metastases, if the lesion is not painful in 3 segments, it is advisable to perform a liver resection at the same time. Since this volume of surgery does not worsen the immediate results and, compared to the control group, significantly increases the three-year survival rate to 17.9%.

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