



Actualités ESTOMAC

Lorient

C. Mongin

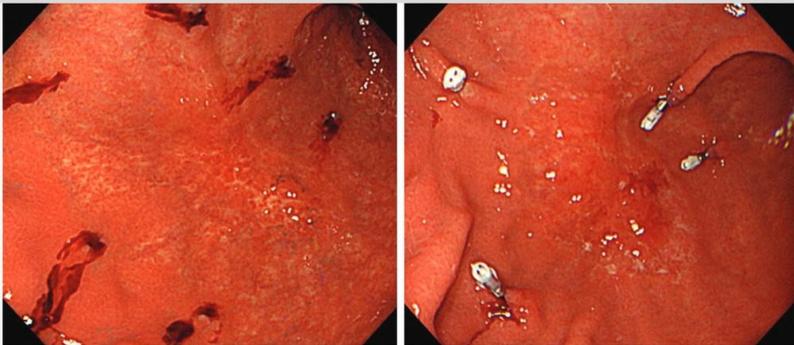


Améliorer la qualité d'exérèse chirurgicale

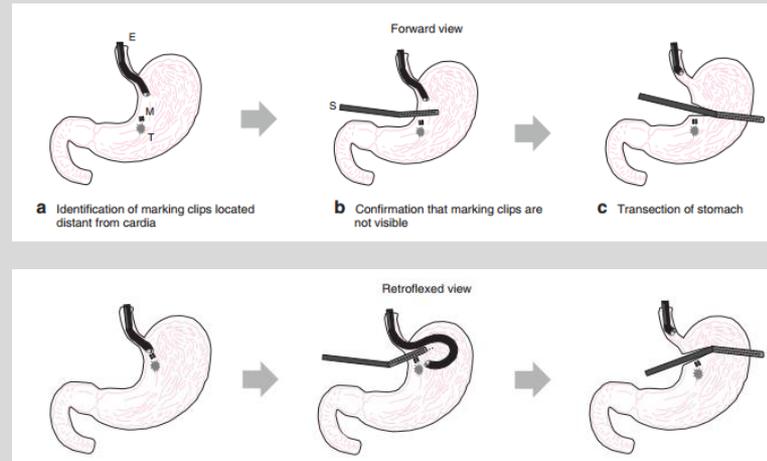
[Br J Surg](#). 2017 Sep 11. doi: 10.1002/bjs.10618. [Epub ahead of print]

Use of endoscopy to determine the resection margin during laparoscopic gastrectomy for cancer.

[Kawakatsu S](#)^{1,2}, [Ohashi M](#)¹, [Hiki N](#)¹, [Nunobe S](#)¹, [Nagino M](#)², [Sano T](#)¹.



99% marges négatives



[J Gastric Cancer](#). 2017 Sep;17(3):220-227. doi: 10.5230/jgc.2017.17.e25. Epub 2017 Aug 25.

A Promising Method for Tumor Localization during Total Laparoscopic Distal Gastrectomy: Preoperative Endoscopic Clipping based on Negative Biopsy and Selective Intraoperative Radiography Findings.

[Chung JW](#)¹, [Seo KW](#)¹, [Jung K](#)², [Park MI](#)², [Kim SE](#)², [Park SJ](#)², [Lee SH](#)¹, [Shin YM](#)¹.

Gastrectomie par voie coelioscopique ?

[Ann Surg.](#) 2012 Mar;255(3):446-56. doi: 10.1097/SLA.0b013e31824682f4.

Laparoscopic versus open distal gastrectomy for gastric cancer: a meta-analysis of randomized controlled trials and high-quality nonrandomized studies.

[J Am Coll Surg.](#) 2010 Nov;211(5):677-86. doi: 10.1016/j.jamcollsurg.2010.07.013.

Laparoscopic surgery for gastric cancer: a collective review with meta-analysis of randomized trials.

[Kodera Y](#)¹, [Fujiwara M](#), [Ohashi N](#), [Nakayama G](#), [Koike M](#), [Morita S](#), [Nakao A](#).

[Ann Surg.](#) 2012 Jul;256(1):39-52. doi: 10.1097/SLA.0b013e3182583e2e.

Laparoscopy-assisted versus open distal gastrectomy for early gastric cancer: evidence from randomized and nonrandomized clinical trials.

[Zeng YK](#)¹, [Yang ZL](#), [Peng JS](#), [Lin HS](#), [Cai L](#).



Résultats oncologiques similaires
Bénéfice sur la récupération post-opératoire

Gastrectomie par voie coelioscopique ?

[Ann Surg](#). 2016 Jan;263(1):28-35. doi: 10.1097/SLA.0000000000001346.

Decreased Morbidity of Laparoscopic Distal Gastrectomy Compared With Open Distal Gastrectomy for Stage I Gastric Cancer: Short-term Outcomes From a Multicenter Randomized Controlled Trial (KLASS-01).

[Kim W¹](#), [Kim HH](#), [Han SU](#), [Kim MC](#), [Hyung WJ](#), [Ryu SW](#), [Cho GS](#), [Kim CY](#), [Yang HK](#), [Park DJ](#), [Song KY](#), [Lee SI](#), [Ryu SY](#), [Lee JH](#), [Lee HJ](#); [Korean Laparo-endoscopic Gastrointestinal Surgery Study \(KLASS\) Group](#).

1416 patients randomisées

Taux complications globales (coelio 13.0% vs open 19.9%, P = 0.001)

Taux complications abdominales (coelio 3.1% vs open 7.7%, P < 0.001).

[BMC Cancer](#). 2015 May 5;15:355. doi: 10.1186/s12885-015-1365-z.

Efficacy of laparoscopic subtotal gastrectomy with D2 lymphadenectomy for locally advanced gastric cancer: the protocol of the KLASS-02 multicenter randomized controlled clinical trial.

[Hur H¹](#), [Lee HY²](#), [Lee HJ³](#), [Kim MC⁴](#), [Hyung WJ⁵](#), [Park YK⁶](#), [Kim W⁷](#), [Han SU⁸](#).

[Surg Endosc](#). 2017 Jul 19. doi: 10.1007/s00464-017-5730-7. [Epub ahead of print]

Long- and short-term outcomes of laparoscopic gastrectomy versus open gastrectomy in patients with clinically and pathological locally advanced gastric cancer: a propensity-score matching analysis.

[Inokuchi M¹](#), [Nakagawa M²](#), [Tanioka T²](#), [Okuno K²](#), [Gokita K²](#), [Kojima K³](#).



Biais technique
Trop précoce pour recommandations ?

Jéjunostomie

J Gastrointest Surg. 2017 Feb;21(2):259-265. doi: 10.1007/s11605-016-3297-6. Epub 2016 Oct 26.

Complications of Feeding Jejunostomy Tubes in Patients with Gastroesophageal Cancer.

Choi AH¹, O'Leary MP¹, Merchant SJ², Sun V³, Chao J⁴, Raz DJ¹, Kim JY¹, Kim J⁵.

World J Gastrointest Surg. 2017 Feb 27;9(2):53-60. doi: 10.4240/wjgs.v9.i2.53.

Critical analysis of feeding jejunostomy following resection of upper gastrointestinal malignancies.

J Surg Oncol. 2015 Aug;112(2):195-202. doi: 10.1002/jso.23983. Epub 2015 Aug 4.

An assessment of feeding jejunostomy tube placement at the time of resection for gastric adenocarcinoma: A seven-institution analysis of 837 patients from the U.S. gastric cancer collaborative.

Dann GC¹, Squires MH 3rd¹, Postlewait LM¹, Kooby DA¹, Poultides GA², Weber SM³, Bloomston M⁴, Fields RC⁵, Pawlik TM⁶, Votanopoulos KI⁷, Schmidt CR⁴, Ejaz A⁶, Acher AW³, Worhunsky DJ², Saunders N⁴, Levine EA⁷, Jin LX⁵, Cho CS³, Winslow ER³, Russell MC¹, Cardona K¹, Staley CA¹, Maithe SK¹.

Complications infectieuses (36% vs. 19%; P < 0.001)



Complications propres
Non systématique : malades sélectionnés

Ganglion sentinelle

[World J Surg](#). 2017 Sep 18. doi: 10.1007/s00268-017-4226-x. [Epub ahead of print]

Sentinel Node Navigation Surgery for Early Gastric Cancer: Analysis of Factors Which Affect Direction of Lymphatic Drainage.

[Shida A](#)¹, [Mitsumori N](#)², [Fujioka S](#)², [Takano Y](#)², [Fujiisaki M](#)², [Hashizume R](#)², [Takahashi N](#)², [Ishibashi Y](#)², [Yanaga K](#)².

[Ann Med Surg \(Lond\)](#). 2017 Jun 27;20:61-65. doi: 10.1016/j.amsu.2017.06.019. eCollection 2017 Aug.

New method of indocyanine green fluorescence sentinel node mapping for early gastric cancer.

[Ohdaira H](#)¹, [Yoshida M](#)¹, [Okada S](#)², [Tsutsui N](#)¹, [Kitajima M](#)¹, [Suzuki Y](#)¹.

[World J Surg Oncol](#). 2017 May 16;15(1):103. doi: 10.1186/s12957-017-1159-7.

Feasibility and diagnostic performance of dual-tracer-guided sentinel lymph node biopsy in cT1-2N0M0 gastric cancer: a systematic review and meta-analysis of diagnostic studies.

[Huang L](#)¹, [Wei T](#)¹, [Chen J](#)², [Zhou D](#)³.

[Transl Gastroenterol Hepatol](#). 2017 May 9;2:42. doi: 10.21037/tgh.2017.05.02. eCollection 2017.

Laparoscopic sentinel node navigation surgery for early gastric cancer.

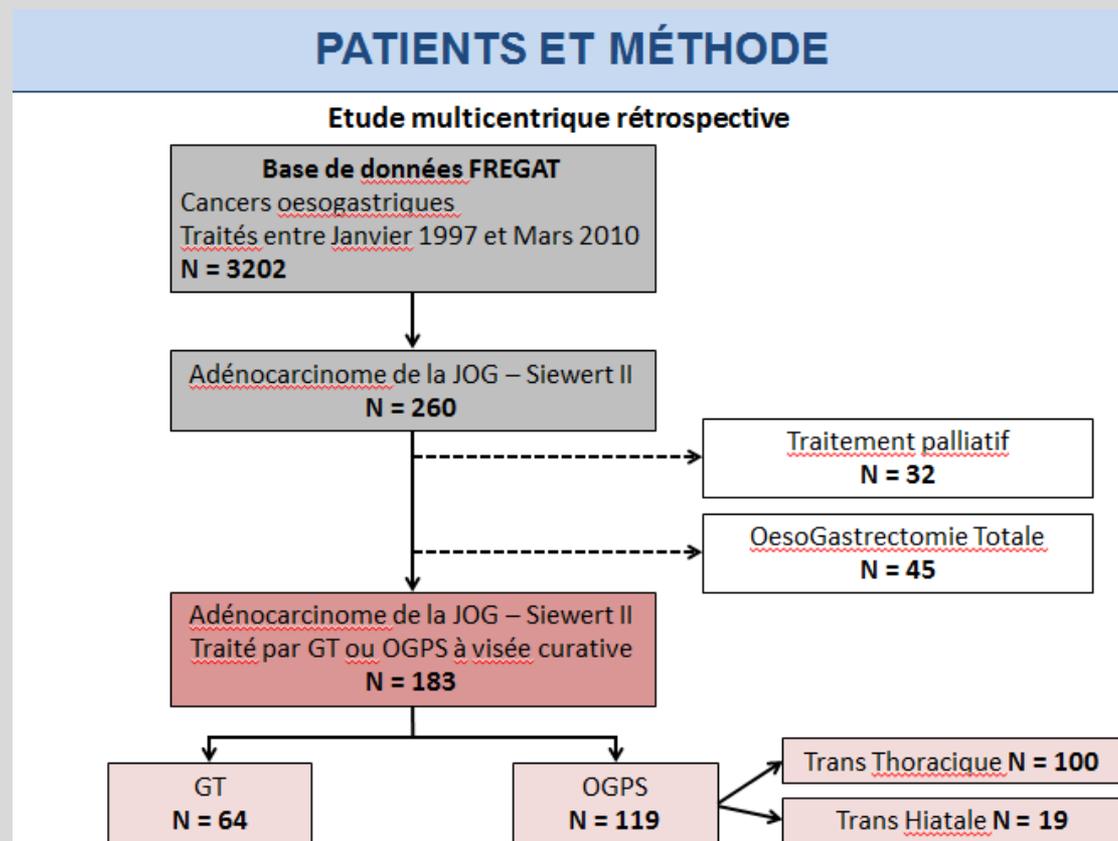
[Kinami S](#)¹, [Kosaka T](#)¹.

Communication Orale AFC

Adénocarcinomes de la jonction oeso-gastrique Siewert II : gastrectomie totale ou oesogastrectomie polaire supérieure ?

T. Voron, C. Gronnier, A. Pasquer, J. Théreaux, J. Gagnière, G. Lebreton, B. Meunier, D. Collet, C. Mariette, F. Paye. Fregat Working Group-French-Afc

PATIENTS ET MÉTHODE



Adénocarcinomes de la jonction oeso-gastrique Siewert II : gastrectomie totale ou oesogastrectomie polaire supérieure ?

Le type de résection chirurgicale effectuée (GT vs OGPS) est un facteur pronostique indépendant de survie globale et sans récurrence

- Survie globale à 5 ans : 49% vs 31%
- Survie Sans Récurrence à 5 ans : 47% vs 30%

Morbi-mortalité péri-opératoire comparable

Qualité d'exérèse, la GT :

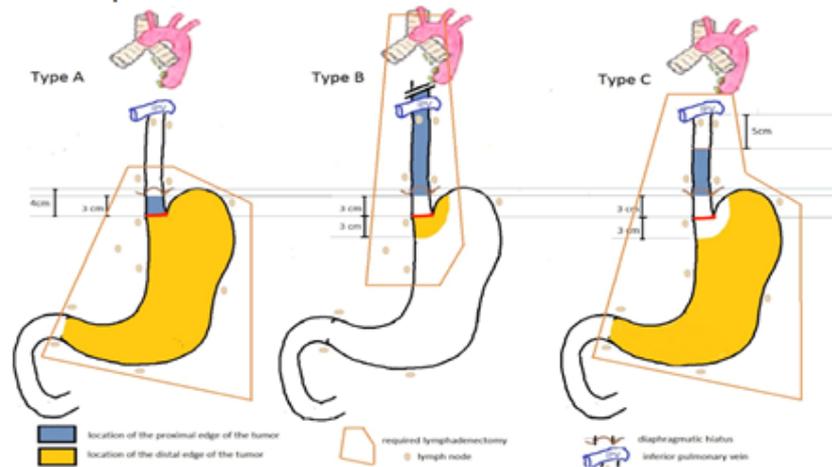
- Analyse de plus de ganglions: 23,5 vs 19,5 (p=0,009)
- Risque de résection R1: 12,5% vs 5,9% (p=0,115)

Adénocarcinomes de la jonction oeso-gastrique Siewert II : gastrectomie totale ou oesogastrectomie polaire supérieure ?

CLASSIFICATION FREGAT

Classification pragmatique, reposant sur 2 principes:

- Résection R0
- Curage ganglionnaire optimal



Type	<u>Limite sup. tumeur - ligne Z</u>	OU	<u>Limite sup. tumeur - hiatus</u>	ET	<u>Limite inf. tumeur - ligne Z</u>	<u>Résection chirurgicale</u>
A	≤ 3cm		≥ 1cm			GT
B	> 3cm		< 1 cm		≤ 3cm	OGPS
C	>3cm				> 3cm	OGT



Si GT permet a priori d'obtenir R0, elle doit être préférée à l'OGPS : Siewert II