

## Immediate Results of Surgical Treatment of Gastric Cancer

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**Abstract:** Analysis of the immediate results of surgical treatment of gastric cancer patients subjected to extended 55 gastrectomy with splenectomy and 57 patients of control group, which has been implemented advanced gastrectomy without splenectomy. Advanced gastrectomy with splenectomy in surgical treatment of gastric cancer does not increase the number of postoperative complications and thenature of complications didnt differ from those after the extended gastrectomy with preesgastriccanceration of the spleen.

**Keywords:** gastrectomy, gastric cancer, splenectomy

### Introduction

Currently, it is believed that the results of treatment of gastric cancer can be improved through the use of more aggressive combined operations, the main indication for which is the visually determined germination of the stomach tumor into neighboring organs in the absence of distant metastases and dissemination of the tumor in the abdominal cavity [2]. Among the combined operations for gastric cancer, gastrectomy or gastric resection with splenectomy are the most common [1]. At the same time, the attitude to standard splenectomy in the world is ambiguous, and there is a large amount of data indicating that the removal of the spleen worsens immediate and even long-term results [4,5]. At the same time, the frequency of gastric resections with splenectomy is 22.5-92.4% of the combined operations [3]. However, the use of splenectomy as an element of extended lymphadenectomy has not been widely used in practical oncology, although the suspicion of the presence of metastases in the lymph nodes of the spleen gate and any other involvement of the organ in the pathological process dictates the need for splenectomy [2]. Thus, there is no consensus in the

modern literature on the expediency of splenectomy in the surgical treatment of stomach cancer and its impact on the results of treatment.

At the present stage, the role of the surgical method as the "gold standard" in the treatment of stomach cancer is not in doubt, but the question of the standard and expanded volume of operations with systemic lymph node dissection, as well as the expediency of performing extended and extended-combined gastrectomy is still debatable [17,18,21,28,38].

The purpose of the study. To evaluate the immediate results of surgical treatment of patients with gastric cancer during gastrectomy with splenectomy and splenogastriccancerative operations.

**Material and methods of research.** We studied the immediate results of surgical treatment of gastric cancer in 55 patients who underwent an extended gastrectomy with splenectomy and 57 patients who made up the control group who underwent an extended gastrectomy without splenectomy. We divided the postoperative complications that developed in patients after an extended gastrectomy into two groups—surgical and therapeutic.

**The results of the study and their discussion.** It is generally recognized that a well-developed technique of integastriccancerations for stomach cancer allows you to achieve satisfactory immediate results regardless of the volume of the operation performed. At the same time, according to the data obtained by us, the number of postoperative complications after extended gastrectomy with splenectomy was almost 2 times higher compared to the control group—20.0% and 10.53%, respectively ( $p < 0.05$ ).

In a more detailed analysis of the nature of surgical complications, it is necessary to note a decrease in the frequency of failure of the sutures of the esophageal-intestinal anastomosis. Thus, in group I, the frequency

of anastomotic suture failure was 1.82%, and in group II (control), this complication was not noted. It is also necessary to note the low frequency of such postoperative complications as subdiaphragmatic abscesses, which are traditionally considered one of the most frequent and specific complications for extended splenectomy operations: in two patients of the main group (3.64%). We can explain this by more thorough hemostasis, repeated sanitation of the abdominal cavity with antiseptic solutions at various stages of surgery, as well as the use of a preventive method of drainage of the left subdiaphragmatic space after splenectomy in the main group of patients.

The literature presents data when, after splenectomy, along with the complications inherent in this operation (subdiaphragmatic abscess), such a complication as pancreatitis often develops. According to our data, pancreatitis developed only in 1 (1.82%) patient in group I, in this regard, we can not speak with confidence about the expansion of the scope of surgery before splenectomy as a probable cause of this complication. Bleeding was observed in 1 (1.82%) patient from the main group and one (1.75%) patient from the control group. In the first case, a relaparotomy was required, in the other case, the bleeding was stopped by conservative methods.

Therapeutic complications were represented by pneumonia with respiratory failure and pulmonary embolism. The frequency of these complications was almost identical in both the main and control groups ( $p > 0.05$ ). Thus, pneumonia with respiratory distress was detected in 2 people in each group (3.64% and 3.51%, respectively) and thromboembolism of pulmonary artery in each group (1.82% and 1.75%, respectively). Among the factors affecting the frequency of these complications, one can specify such as diaphragmotomy with subsequent relaxation of the dome and a sharp restriction of the respiratory excursion, anesthesia and the correct conduct of the early postoperative period, especially for patients with concomitant diseases of the cardiopulmonary system. Such a formidable and difficult to predict complication as pulmonary embolism in all cases led to a fatal outcome.

It is known that postoperative mortality occupies a special place among the numerous factors that determine the feasibility of an operative technique. In this regard, in addition to the complications analyzed above after surgical treatment of stomach cancer, we noted postoperative complications that led to a fatal outcome. Postoperative mortality was 6.25%: in group I—7.27% and in the control group—5.26%. Thus, after an extended gastrectomy with splenectomy, due to the failure of the anastomosis sutures, 1 (1.82%) of the patients died of all operated or 14.29% of the number of patients who died of complications. In the control group, there was no mortality from this complication. 1 patient died of cardiovascular insufficiency (1.82% and 1.75%, respectively) in groups I and II from the number of operated patients, or 14.29% of the number of patients who died in both cases. A similar distribution is observed in myocardial infarction.

At the next stage of the research, we studied the changes in hematological parameters in patients with gastric cancer. When patients with stomach cancer were admitted to the hospital, mild anemia was generally observed against the background of intoxication, which may be evidence of a mixed (toxic-hemorrhagic) etiology of anemia in this category of patients. The presence of a pronounced inflammatory process in the body was indicated by an increase in the level of ESR to an average of  $30.9 \pm 0.41$  mm/h:  $32.4 \pm 0.62$  mm/h in the main group and  $29.5 \pm 0.19$  mm/h in the control group, exceeding the normative indicators by almost 2 times. When evaluating the general blood test in patients with gastric cancer from the white part of the blood, no pronounced pathological changes were found, although the indicators tended to the upper limit of the norm.

After the treatment, the red blood indicators characteristic of the average degree of anemia remained in the patients with gastric cancer, the rate of erythrocyte sedimentation values decreased, but still exceeded the normal values by more than 1.6 times. There were no significant changes in the biochemical parameters of the blood, they were still within the range of normal values. When evaluating

the indicators of white blood, it is necessary to note a pronounced difference in the indicators of the main and control groups. Thus, after gastrectomy with splenectomy, patients with gastric cancer had pronounced leukocytosis ( $p < 0.05$ ), an increase in the number of rod-shaped ( $p < 0.05$ ) and segmented ( $p < 0.05$ ) neutrophils, lymphocytes ( $p < 0.05$ ) and monocytes ( $p < 0.05$ ). Significant changes in the parameters of the coagulation link of the hemostasis system in the postoperative period were recorded in the group of patients after gastrectomy with splenectomy. Thus, in the long-term period after the removal of the spleen, the coagulation link of the hemostasis system is activated, since there is a statistically significant shortening of the time of plasma recalcification and thrombin time ( $p < 0.05$ ). At the same time, the level of fibrinogen in the blood increased ( $p < 0.05$ ). In addition, the removal of the spleen leads to changes in both the humoral and cellular components of the immune status, and the nonspecific resistance of the body of patients with gastric cancer. All these changes in laboratory parameters are clinically manifested by a tendency to infectious diseases.

**Conclusion.** Thus, it should be emphasized that an extended gastrectomy with splenectomy in the surgical treatment of stomach cancer does not increase the number of postoperative complications and the nature of complications does not differ from those after an extended gastrectomy with spleen pre-segastro canceration. After gastrectomy with splenectomy, pronounced leukocytosis is noted in patients with gastric cancer, the coagulation link of the hemostasis system is activated. In addition, the removal of the spleen leads to changes in both the humoral and cellular components of the immune status, and the nonspecific resistance of the body of patients with gastric cancer. All these changes in laboratory parameters are clinically manifested by a tendency to infectious diseases.

#### List of literature

1. Куликов Е.П. Комбинированные операции при раке желудка (обзор литературы) / Е.П. Куликов, А.П. Загадаев // Российск. Медико-

биологич. Вестник им.акад.И.П. Павлова.– 2009.– С.161-169.

2. Чиссов В.И. Непосредственные результаты комбинированных операций при раке желудка / В.И. Чиссов, Л.А. Ватакмадзе, А.В. Бутенко // *Анналы хирургии.* –1997.– №6.– С.45-48.

3. Adachi Y. Surgery for gastric cancer: 10 year experience world wide / Y. Adachi, S. Kitano, K. Sugimachi // *Gastric cancer.* – 2001. – №4.– P.166-174.

4. Мамедов У.С., Нуров Ж.Р. Результаты комбинированных и комплексных методов лечения рака глотки // *Вестник науки и образования.*– 2020. – №24-3(102). – С. 68-73.

5. Yoshino K. Splenectomy in cancer gastrectomy: recommendation of spleen preserving for early stage / K. Yoshino, Y. Yamada, F. Asanuma et al. // *Int.Surg.* – 1997. – Vol.82. – P.150-154.

6. Nurov J.R., Khalikova F.S. Long-term results of surgical treatment patients with stomach cancer // *Вестник науки и образования.*– 2020. – №23-2(101). – С. 85-89.

7. Давыдов М.И., Германов А.Б., Стилиди И.С. Расширенные операции в хирургии рака желудка // *Хирургия.* -1995. -№5. —С. 41-46.

8. Кузнецов Н. А. Егоров Е. И., Слепцов А. А. и др. Современные аспекты хирургического лечения рака желудка. // *Российск. Мед. Журн.* -2001.-№1.-С. 17-19.

9. М.А. Ахмадова, А.Т. Чўлиев, Ж.Р. Нуров, Д.К. Худойбердиев Лучевая диагностика эхинококкоза печени-стр./*Биология ва тиббиёт муаммолари.*2019,№4.2(115)с.20-25

10. Махмудова Г. Ф., Темирова, Д. В., & Баротова, Ш. Б. (2021). Бачадон бўйни хавфли ўсмаларининг ёшга хос хусусиятлари // *Academic research in educational sciences*//2(5).-Б.- 186-196.

11. Nurov J.R., Mamedov U.S., Khalikova F.S. Influence of Changes in the Intestinal Microflora after Gastrectomy and Correction Methods //

- Annals of the Romanian Society for Cell Biology.– 2021. – Vol. 25(4). – P. 1922-1926.
12. Makhmudova G.F. Age-related clinical, anatomical and morphological features of malignant tumors of the cervix// Journal of science and technology//2021.-P.-475-480.
  13. Z.R. Sokhibova, M.R. Turdiyev, (2021). Some Features Of Laboratory Indicators Of Micro And Macro-Elementary Condition Of The Organism Of Female Age Women Innormality And In Iron Deficiency. *The American Journal of Medical Sciences and Pharmaceutical Research*, 3(02), MO- 145.
  14. Mamedov U.S., Pulatova D.SH. The Results of Cancer Treatment of the Oral Caviti Tumors in //the Republic of Uzbekistan *European journal of Pharmaceutical and Medical Research*. -2019. - 6(9). - P. 326-329.
  15. Narziyeva D.F., Jonibekov J.J.; Morphological features of tumor in different treatment options for patients with locally advanced breast cancer // *Middle European scientific bulletin*. Volume 7-2020-Dec. – P. 105-107.
  16. R. R. Navruzov. Characteristics of morphometric parameters of the white rat's stomach in the early postnatal period// *New day in medicine*.2 (34/3) 2021 P-17-23.

