

# 9<sup>th</sup> Indo Global Summit on **Cancer Therapy**

**November 02-04, 2015 Hyderabad, India**

## **Cancer of gall-bladder**

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**T**his is one of the most common G I cancers of high incidence in Northern & Central India. About 80% of ca GB is found in gall bladder with stones, but gall stones as the risk factor to cause cancer is very small, i.e. about 1% females are more of risk. Genetics also found to a risk factor. Most patients are asymptomatic in early stage and they present with advance symptoms and found to be incurable, these patients survive not more than 1yr. US, CT are reliable diagnostic methods with specificity up to 85%. Guided FNAC is highly specific for diagnosis of primary & secondary. Mostly these are adenocarcinoma Cholecystectomy with wedge of Liver and N1, N2 lymph node is ideal R0 resection. 5yr survival in curative surgery is 20-70% in different series. Chemotherapy as Primary / adjuvant is disappointing. Our case study was 65 cases in a span of 7yrs. Our operability was 1% only. Overall prognosis is poor unless diagnosed very early.

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## **Laparoscopic right hemi-colectomy: Technical challenges in ileocecal koch's as compared to malignancy: Prospective evaluation**

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**Introduction:** Ileocecal tuberculosis (ICT) is among the leading causes of intestinal obstruction requiring surgery in the Indian sub-continent. Laparoscopic right hemi-colectomy (LRH) is the standard procedure for benign as well as malignant lesions of ileocecal region. Literature is scant on the intra-operative problems encountered during LRH for ICT.

**Methods:** We prospectively evaluated the technical difficulties encountered during LRH for ICT as compared to LRH for malignancy. Peri-operative data was recorded prospectively in a standardized format during the period of study. All patients who underwent LRH for intestinal obstruction due to ICT or right colon malignancy, from May 2012 to June 2014 were analyzed. LRH was performed using standard four port technique with additional ports placed during technical difficulties. Mobilization of colon was done by medial to lateral approach unless faced with technical difficulty. The specimen was extracted through a mini laparotomy and an extracorporeal ileocolic anastomosis done in all patients.

**Results:** Twenty nine patients (median age 46 years (range 19-68); males =17, females =12) were operated. Indications were ICT in 17 patients and malignancy in 12 patients. Mean duration of surgery was significantly longer in ICT group as compared to malignant group (300±53.07 minutes vs. 246.25±53.44 minutes; p=0.04) with one conversion in ICT group. Patients with ICT had more intra-operative technical difficulties in the form of adhesions (11/17 vs. 2/12), difficulty in identifying the right ureter (9/17 vs. 1/12), shortened right colon (12/17 vs. 1/12), need for extra port (7/17 vs. 2/12), lateral to medial approach (9/17 vs. 1/12), and higher mean intra-operative blood loss (186.3±26.5ml vs. 140.5±19.8ml; p=0.01). Post operative morbidity (Clavien-Dindo score) was similar in both groups. There was no post operative mortality.

**Conclusion:** LRH for ICT seems to be technically more difficult than for malignancy often requiring lateral to medial approach. However, large number of patients is required to validate this initial observation.

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