The Long-term Outcomes of Palliation of Large Bowel Obstruction with AGC: Stenting Versus Surgery

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Background: Self-expandable metal stent (SEMS) has been known as a safe and effective therapy for palliation of malignant colorectal obstruction. However, the clinical effect of palliative stenting for colorectal obstruction due to extracolonic malignancies has not been verified. The aim of the present study was to evaluate the long-term outcomes of SEMS compared to that of palliative surgery for relief of colorectal obstruction in patients with advanced gastric cancer (AGC).

Methods: From January 2000 to December 2009, a total of 196 patients with AGC, who received palliative therapy for colorectal obstruction were enrolled in the present study. Among them, 111 patients received palliative stenting and 69 patients received palliative surgery. 16 patients were lost to follow up. The primary end point was relief of intestinal obstruction. Secondary end points include complications and overall survival. The clinical data were reviewed retrospectively.

Results: There were no statistical differences in the baseline characteristics between two groups. Surgery group showed higher technical and clinical success rate than SEMS group (94.2% vs 73.9%, \( p<0.001 \) and 75.4% vs 50.5%, \( p<0.001 \)). Patients in the SEMS group had significantly less acute complications (within 7 days, 2.7% vs 18.8%, \( p=0.015 \)) and early complications (within 30 days, 15.3% vs 29.0%, \( p=0.036 \)). Although the patients with late complications in the SEMS group were larger than in the surgery group (20.7% vs 15.9%), there was not statistical significance (\( p=0.557 \)). The median overall survival was 7.2 months in SEMS group and 8.9 months in surgery group (\( p=0.28 \)).

Conclusions: SEMS showed lower therapeutic effect than palliative surgery for relief of colorectal obstruction in patients with AGC.