1145

RESULTS OF PALLIATIVE ORTHOPEDIC SURGICAL TREATMENT OF BONE METASTASES

M. Schroeder[1], I. Rüger[1], C. Kreisel-Büstgens[1], C. Mülheims[2], H.v.Andrian-Werburg[2], M. Westerhausen[1]

1) Med. Clinic II, 2) Orthopedic Clinic
St. Johannes-Hospital, 4100 Duisburg 11

Between 5/78 and 8/92 522 orthopedic surgical interventions were performed in our hospital for skeletal metastases caused by advanced metastatic malignacies. 140/522 (26.8 %) operative interventions were done to win histology in cases of an uncertain osteolysis (44/140) or an unknown primary tumor (96/140). In 23/522 cases (4.4 %) no malignant histology was found.
The charts of 359 patients admitted to the medical or orthopedic department with an initial primary diagnosis of pathologic fracture secondary to malignant disease were reviewed. All 359 operative interventions except 7 were carried out in palliative intention to improve the impaired mobility caused by metastatic lesions and/or to reduce pain.
In 33 % orthopedic surgical interventions of the vertebral and in 35.4 % of the extremities were done. The overall mortality within 4 weeks after operation was 5.8 % (21/359 pts) and only due to progressive disease. There was a high rate of benefit for those patients who achieved an ambulation status (70 %), independently of survival time.

Supportive Care

1146

MANAGEMENT OF INTESTINAL OBSTRUCTION IN PATIENTS WITH ADVANCED INTRAABDOMINAL CANCER.

B van Ooijen, MEL van der Burg, AST Planting, T. Wiggers.
Departments of Surgical and Medical Oncology, Dr. Daniel den Hoed Cancer Center, Rotterdam, The Netherlands.

The records of 43 patients with advanced ovarian carcinoma and 23 patients with peritoneal carcinomatosis of other origin who were treated for relief of intestinal obstruction, were retrospectively analysed. An explorative laparotomy was performed 41 times, whereas in 29 patients a large bore draining tube gastrostomy was given primarily. The 41 laparotomies were performed in patients without (group 1) and with (group 2) palpable masses and/or manifest ascites. The patients from group 1 (n=20) survived a median time of 154 days (range 29-1086 days) without recurrent intervention for obstruction. The patients from group 2 (n=21) died after a median time of 34 days (3-151 days) with subjective relief of obstruction in only 1 patient. The 29 patients from group 3 (27 with ascites or palpable masses) primarily received tube gastrostomy. They died after a median time of 36 days (8-197 days) with remaining symptoms effectively controlled until death. **Conclusion:** Surgical therapy for relief of intestinal obstruction should not be considered in patients presenting with manifest ascites or palpable masses. Percutaneous gastrostomy should be the method of choice for such patients.

1147

PALLIATION OF DYSPHAGIA. COMPARISON OF RESULTS OF RADIOTHERAPY, CHEMOTHERAPY AND ESOPHAGEAL STENT TREATMENT.

M Cwikiel, W Cwikiel, M Albertsson.
Departments of Oncology and Radiology, University Hospital, Lund, Sweden.

For majority of patients with malignant esophageal strictures, palliation of dysphagia is the most important problem. 149 patients with carcinoma of the esophagus were treated by radiotherapy (55-65 Gy). 67 patients with squamous cell carcinoma in the esophagus, were treated preoperatively with chemotherapy (cisplatinum and 5-Fu). Chemotherapy (3 cycles) was given during a period of 7 weeks, radiotherapy during a period of 5-9 weeks. 65 other patients with dysphagia secondary to malignant disease were treated by insertion of Esophageal Nitinol Strecker Stent. All insertions were done in one sesion and, with one exception, in the local anesthesia, with addition of sedative if necessary. After radiotherapy complete relief of dysphagia was noted in 57% of patients, after chemotherapy in 52% of patients. After stent insertion improvement was noted in 95 % of patients. 32% of these patients were free from dysphagia the day after stent placement, complete relief of dysphagia after 1-3 weeks was noted in another 57% of patients. Results of radiotherapy and chemotherapy are comparable and feasible after long-term treatment. Stent insertion carries prompt and god effect on dysphagia and may be used in palliation of patients with esophageal malignancy.