

Meeting abstract

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## The surgical treatment of colorectal cancer in patients over seventy-five years old. Risk factor analysis in patients operated in election and in emergency

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### Background

The colorectal cancer has a high incidence and mortality in the geriatric population. However the advanced age does not represent a contraindication for the surgery, and a radical cancer surgical treatment guarantees the same life expectation of younger patients. In this study we analyzed the correlation between comorbidities, postoperative complications and mortality.

### Material and methods

In our retrospective study we analyzed the clinical notes of 66 patients over 75 years.

We assessed the risk factors of the surgical treatment in the elective and emergency management. Among the 47 patients electively treated, 33 were affected by cardiocirculatory diseases, 23 by kidney diseases, 14 by metabolic and endocrine diseases, and 11 patients by respiratory diseases. In the 19 patients, who underwent emergency surgery, 75% had intestinal obstruction, and 25% had intestinal perforation.

In election were performed 14 anterior resection of rectum, 7 abdomino-perineal resections, 4 Hartmann procedures, 11 left hemicolectomies, 8 right hemicolectomies and 3 explorative laparotomies. In emergency were performed 5 ileostomies, 3 colostomies, 5 left hemicolec-

tomies, 3 right hemicolectomies, 2 Hartmann procedures, and 1 explorative laparotomy.

### Results

In elective surgery the complications were represented by suppuration of surgical wound (21.2% of cases), cystitis (21.2% of cases), bronchopneumonia (6.3% of cases), dehiscence of the anastomosis (2.1% of cases), thrombophlebitis of the lower limbs (2.1% of cases). In emergency the complications were represented by suppuration of the surgical wound in 60% of cases, arrhythmias in 21% of cases, and acute renal failure in 5%. In both elective and emergency surgery for patients without comorbidities there were not deaths. The mortality in patients with comorbidities was 2.1% in elective surgery and 26.5% in emergency surgery.

In election the comorbidities strictly related to the post-operative complications and mortality were the renal diseases, while the cardiocirculatory diseases influenced on post-operative complications only.

Contrary, in emergency the cardiocirculatory diseases influenced significantly the post-operative complications and mortality, while the renal diseases influenced only the post-operative complications.

## Conclusion

The colorectal cancer in advanced age does not present different characteristics from younger age. Because of the more accurate pre-operative and post-operative therapies it is possible to give geriatric patient the same radical surgery as younger patients. Particularly in elective surgery, thanks to an adequate preoperative preparation, the comorbidities can be corrected ensuring the same prognostic result of younger patients. Contrary in emergency, a considerable disagreement persists in terms of prognosis between geriatric patients and younger patients. This is related to the impossibility of performing an adequate pre-operative preparation.

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