

LAPAROSCOPIC CYTOREDUCTIVE SURGERY AND HIPEC IN THE TREATMENT OF MUCINOUS APPENDICULAR NEOPLASIA WITH LOW PERITONEAL DISSEMINATION

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Eduardo Zanella Cordeiro

MD. Caridade Hospital, Florianópolis,
Santa Catarina, Brazil

Rodrigo Baretta

MD. Caridade Hospital, Florianópolis,
Santa Catarina, Brazil

Maurício Cecon

MD. Caridade Hospital, Florianópolis,
Santa Catarina, Brazil

Juliana Alves

Caridade Hospital, Florianópolis, Santa
Catarina, Brazil

Dayara Sales Scheidt

Resident Physician in Oncology Surgery,
Cepon, Florianópolis, Santa Catarina,
Brazil

Carla Allona Ballesteros Popriguina

Resident Physician in Oncology Surgery,
Cepon, Florianópolis, Santa Catarina,
Brazil

INTRODUCTION

The surgical morbidity of cytoreductive surgery (CHD) is directly related to PCI and consequently to the extent of cytoreduction. The laparoscopic approach has been proposed in selected cases, aiming to reduce morbidity and accelerate recovery.

OBJECTIVES

To report two cases of mucinous appendicular neoplasia and low PCI, where we used laparoscopy to perform cytoreduction, followed by HIPEC.

METHODS

The first case was of a female patient, 40 years old, with a previously operated LAMN, and with bilateral adnexal lesions on tomography. The finding was a PCI of 6, and the surgery included pelvic peritonectomy, flank peritonectomy, omentectomy and bilateral adnexectomy (Figure 1). The second case was of a

female patient, 70 years old, morbidly obese, with a previous diagnosis of a HAMN with a focus of non-mucinous adenocarcinoma, ruptured and with acellular mucin in pericecal implants (Figure 2.) She underwent right ileocelectomy (Figure 3), omentectomy and HIPEC. The PCI was 2. In both cases, perfusion was performed with the closed technique, with oxaliplatin 300mg/m², for 30 minutes, at 41°.

RESULTS

The surgical results for both cases were, respectively: surgical time 210 and 240 minutes. ICU hospitalization of 1 and 2 days. Length of hospital stay: 3 days and 7 days. Cytoreduction was CC0 in both cases. There were no complications reported. Living patients without disease, with follow-up time of 49 months and 16 months.

CONCLUSION

In selected cases, especially those with less peritoneal dissemination, the laparoscopic approach is a feasible and safe option for performing CS and HIPEC.



Figure 1



Figure 2

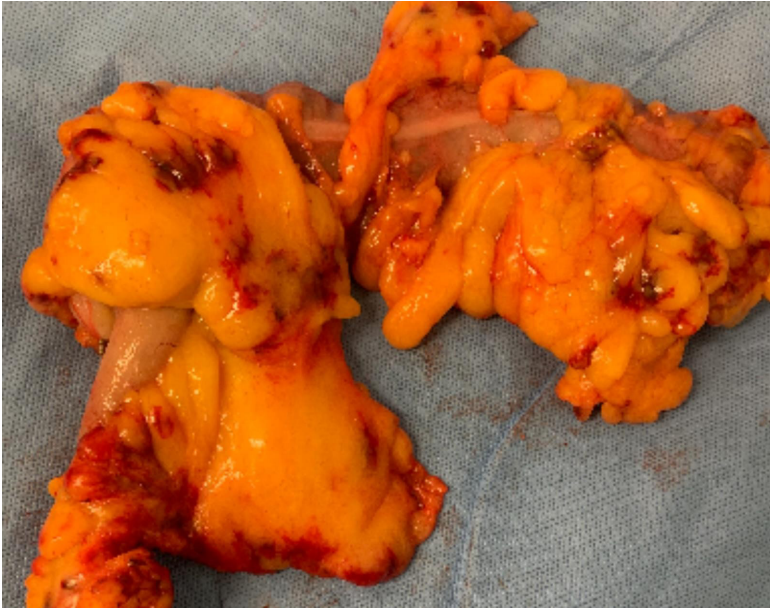


Figure 3

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