Conference Report

Gastrointestinal tumours in elderly

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Abstract. The Authors report their experience concerning 129 cases of gastrointestinal neoplasms (gastric, colonic, anorectal), recorded during the last years among patients aged between 70 and 81 years, who underwent radical surgery. The main issues evaluated were: anaesthesiological risk, stage, post-operative mortality and morbidity. Elderly seems not to be a contraindication, nor a limit for surgery if the patient is correctly and strictly managed pre and post-operatively.

Key words: gastrointestinal tumours, elderly

Introduction

Although data in literature report an higher rate of complications in elderly, nevertheless elderly itself is not a contraindication for surgery.

In this report the Authors analyze morbidity and mortality of patients who underwent surgery for gastrointestinal tumours at the Fifth Unit of General Surgery of the Second University of Naples.

Patient and methods

Our series include 129 patients aged from 70 to 81 years, whose charts were retrospectively reviewed (one to fine years after surgery).

The patients showed the following pathologies: 39 gastric tumours (30,2%), 54 colonic tumours (41,9%), and 36 ano-rectal tumours (27,9%) (Tab. 1).

Table 1. Pathologies.

Tumour		N. Pz	Surgery		Stage		
Stomach	Cardias						
	Fundus	21	Total gastrectomy		6	12	3
	Body						
	Antrum	18	Subtotal gastrectomy	Billroth I :15			
				Billroth II :3	3	9	6
		39					
Colon	Abscending	12	Right hemicolectomy		-	9	3
	Transverse	3	Transverse resection		-	-	3
	Descending		Left hemicolectomy or Hartmann's procedure		3	12	24
	Sigmoid	39					
		54					
Ano-rectal	Rectum	33	Miles' procedure		0	15	18
	Anus	3			-	-	3
		36					

Table 2. Operative risk factors

Cardiovasculare	72 (55.8%)
Pulmunar	69 (53.5%)
Metabolic	21 (16.3%)
Kidney failure	9 (7.0%)
Hepatic failure	30 (23.3%)

Almost all the patients had one or more risk factors associated for surgery (123/129, Tab. 2).

The risk was evaluated according to the Amarican Society of Anaesthesiology (ASA) Score System, thus grouping patients in five progressive risk scores (Tab. 3).

Almost 23% of patients belonged to the high risk classes (IV and V).

Patients with low performance status accounted for almost 28% in our series, also including associated pathologies such as: intestinal obstruction, hydro-electrolytic disbalances, slimming, haemorrhages, fistulas, perforations etc. Clinical stage of disease was evaluated according to the pT, pN and pM (UICC Classification) either for gastric neoplasm, either for colo-rectal ones.

Results

In table 3, site, clinical stage, anaesthesiological risk and complication rate in our series are showed. Post-operative elapse was regular in 87 patients (67,4%), while complications occurred in the remaining 42 patients (32,6%); only one of these was fatal (Tab. 4).

Table 4. Complications

Complications	N.	Patients
None	87	87 (67.4%)
Pulmunar	15	42 (32.6%)
Cardiovascular	12	
Kidney or hepatic failure	3	
Urinary infection	9	
Wound infection	9	
	135	129 (100%)*

* Two patients showed two associated complications

Discussion

In elderly cardiovascular and/or respiratory affections, instable performance status, compromised metabolism often caused post-operative morbidity and mortality in the past, thus representing a relative and sometimes absolute contraindication to surgery.

Even though we found and higher morbidity in patients aged more than seventy suffering from gastrointestinal tumours (32,6% vs 10% of patients aged between 30 and 70 years), nevertheless morbidity was similar.

It is important to stress that only clinic and pathologic stages affected the therapeutic choice, since the Authors firmly believe that the operative risk can be decreased by an optimal pre and post-operative management of the patient. Only few and severe cardiovascular distresses required recovery in the Intensive Care Unit in the early post-operative period.

Table 3. Site, clinical stage, anaesthesiological risk and complication rate

Pts.	ASA	Stage I Colon	II Stomach	III Colon	Stomach	Colon	Stomach	Complication
-	I	-	-	-	-	-	-	-
60	II	3	3	15	6	30	1	9
39	III	-	3	15	9	9	1	21
27	IV	-	3	6	6	12	-	15
3	V	-	-	-	-	-	1	3
129		12	57	60				48

Conclusions

The targeted use of parenteral or enteral nutrition (either before, either after surgery), together with hydro.electrolytic and physiotherapic balancement, with continuous check of life parameters, allowed a considerable decrease of the operative mortality in our patients.

In accordance with data of literature, our results seem to confirm that elderly age affects general complications, but not overall post-operative mortality.

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