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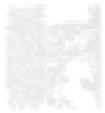
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CHOICE OF SURGICAL TREATMENT METHOD FOR SYNCHRONOUS PATIENTS MULTIPLE ORGAN LESIONS.

Galdiev M. K., Tulaev A. R.

CF RSNPTSOIR (dir. k. m. n Saidov G. N.).

Relevance: Primary multiple tumors are an extremely complex problem in clinical oncology. The relevance of the problem lies in the fact that in the world literature over the past few years there has been a tendency to increase in patients with primary multiple tumors, which leaves an average of 1.5% of the total number of cancer patients (Chissov V. I., Starinsky V. V., 2003). In the majority of cases, primary-plural opuholi have a metachronistic character. According to V. D. Fedorov (1982), Nementh (1978), multiple organ lesions are most often found in women, especially in hormone-dependent tumors. At the same time, combinations of colon cancer, breast cancer, uterine body cancer, and ovarian cancer were detected. But at the same time, there is a metachronous lesion of the uterine body and colon with a tumor. At the same time, the tumor of the female body is often combined with cancer of the colon (41.3%), breast (20.2%), less often of the cervix and uterus (13.5%) and ovaries (51%). Women are often diagnosed with synchronous cancer of the stomach and colon (26.3%).

Keywords: tumor, primary multiple, paralysis, organs.

Objective: To evaluate the effectiveness of surgical treatment methods for primary multiple colon tumors.

Research material and methods: From 2007 to 2010, we treated 18 patients with synchronous primary multiple colon tumors in the Bukhara Regional Branch of the Russian National Research Center for Cancer Prevention and Prevention. Out of 18 patients, 8 (37%) The population was male, while 10 (63%) were female. The average age of the patients was 52 years. In 7 (41%) patients, the second tumor was detected intraoperatively, which influenced the choice of surgical treatment tactics. In 11 patients, the tumor was diagnosed colonoscopically, radiologically, and verified histologically before surgery. In 17 patients, the tumor affected the colon with different localization, and in 1 patient, primary multiple tumors were located in the stomach, cecum, and hepatic corner of the colon. The main method of treating synchronously primary multiple tumors is the surgical method. We performed the following operations: right-sided hemicolectomy with end-to-side ileo-transverso anastomosis, sigmoid colon resection with single-barrel colostomy was performed in 3 patients. In 5 patients, right-sided hemicolectomy with ileo-transverso end-to-side anastomosis and abdominal-perineal rectal extirpation with single-barrel colostomy, in 3 patients, abdominal-anal rectal resection with resection. Subtotal colectomy with end-to-side ileorectal anastomosis was performed in 7 patients. 1 patient underwent an extended right-sided hemicolonectomy and transversely colon resection with the application of an ileo-descendo side-to-side anastomosis. In 1 patient, surgery was performed: Gastroectomy with splenectomy, with the application of esophago-juno anastomosis according to Gilyarovich, right-sided expanded hemicolonectomy with resection of the transverse colon with the application of ileo-transverso anastomosis, in the direction of tumor prevalence according to the TNM system it varied from T2N0M0 to T4N1M1. In one case, liver metastases were detected synchronously with the primary multiple colon tumor.

Results: The postoperative period was uneventful. In all patients, the diagnosis was

verified histologically: in (61%) of cases, adenocarcinoma of various degrees of malignancy was histologically verified, in (5%) cases, scyrotic cancer was combined with adenocarcinoma, and in (33%) cases, adenocarcinoma was combined with undifferentiated cancer. The 5-year survival rate was 57.1%.

In 3 patients, the tumor was located in the ascending part of the colon and rectum. These patients underwent the following types of operations: Right-sided hemicolectomy with an end-to-side ileo-transverso anastomosis and abdominal-perineal rectal extirpation with a single-barrel colostomy. TNM According to the TNM system, ra was limited as follows: in 2 patients, 3NT3N1M0,T3N0M0T,N0M and in 1 patient,T4NT4N0M0,T2N1M0T2N1M. In 3 patients, the tumor was localized in the middle and upper ampullary part of the rectum these patients underwent abdominal-anal resection of the rectum with reduction According to the TNM system. There sults were distributed as follows: T4N1M0, T2N2M0 in 1 patient and T2N0M0 T2N0M0, 1 пациент с T3Nin 1 patient, T2N0M0, 1 patient with T3N1M0M0, T2,T2N0M0M.

In 7 patients, the tumors were located in the proximal part of the transverse colon and the descending part of the colon. A subtotal colectomy with an end-to-side ileorectal anastomosis was performed. According to TNM, they were distributed as follows: in 4 patients4N,T4N1M00, ,T2N0M0in0M1 patient, TT4N1M1MTC in theN1Mliver and T3N0MT3N0M1. 2 patients T2N0M0 T2N0M0

In 1 patient, the tumor was located in the cecum and transverse colon. He underwent an extended right-sided hemicolectomy and transversely colon resection with a side-to-side ileo-descendo anastomosis. TNMD istributed by TNM are: T4N1M04N1M, T4N1M0.N1M It should be noted that in 1 patient, along with the defeat of the stomach during the operation, multiple tumors of the colon were found with location in the cecum, hepatic bend and transverse colon, respectively. The scope of the operation performed: Gastroectomy with splenectomy, with the application of esophago-juno anastomosis according to Gilyarovich, right-sided expanded hemicolectomy with resection of the transverse colon with the application of ileo-transverso end-to-side anastomosis.

The postoperative period was uneventful. All patients were verified histologically: 61% of cases were histologically verified with adenocarcinoma of various degrees of malignancy, 5% of cases were combined with scyrosal cancer and 33% of cases were combined with non-classified cancer. The 5 year survival rate was 57.1%

Conclusion: The surgical method of treating tumors with primary multiple synchronous lesions remains the leading one, as it allows achieving high survival rates and improving the quality of life of these patients.

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