



REVIEW

for dissertation work

MODERN SURGICAL

TREATMENT OF COMPLICATIONS COLORECTAL CANCER

of the

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From

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Compared to planned operational interventions, emergency surgery of colorectal cancer was accompanied by a deteriorated prognosis, low 5-year survival/between 12% and 31% in patients with colonic obstruction/ and increased number of relapses in perforations. Colorectal cancer manifests itself as an emergency in 7% to 40% of patients. Most often manifested by obstruction /8-40%/ perforation/2%-10%. Bleeding in the CRC occupies about 10% of cases of bleeding from the lower department of the gastrointestinal tract. Treatment of ileus and perforation in colorectal cancer is difficult due to the clinical severity, and the diagnosis and treatment of both sepsis and oncological disease. There are a variety of surgical and endoscopic procedures that reduce the risk of complications in emergency oncological colorectal surgery. The surgeon should make adequate clinical and oncological solutions, ranging from pregnant colostomy, to partial resection or colectomy in one or several stages. The volume of column resection in complications CRC ranges from limited segment resection to colectomy. Since emergency operations are highly risky, the emphasis in performing oncological dissection and radical surgery is different from that of planned operations.

There are few studies assessing the preoperative risk of these patients, with a view to determining the indications, duration and type of surgery and the potential risk of postoperative complications, lethality, local and distant relapses.

This makes the theme of the dissertation work of Dr. E. Yordanov "MODERN SURGICAL TREATMENT OF COMPLICATIONS COLORECTAL CARCINOMA" current, useful and successfully chosen.

The complex CRC has global social economic significance with a negative effect. Urgent surgical treatment of complications colorectal cancer increases postoperative complications, mortality, hospital stay and costs. The incidence of curable emergency resection and 5-year survival rates are low, inversely proportional to the increasing number of stomi. There are still few analyses of the value of emergency CRC resections, but according to aggregated data 90% of the value is spent on treatment compared to diagnostics and follow-up.

The interpretation of facts, statistics, results and analysis of publications on the subject prove that not all elements of the technique of emergency colorectal oncological rescisions and anastomoses are standardized. Personal experience influences the results due to the lack of standard. The introduction of a standardized technique will optimize the results in emergency refractive colorectal oncosurgery, minimize subjective failures, as well as the variability of various individual or experimental methodologies. The problem is relevant not only for Bulgaria.

The study of Dr. E. Yordanov analyzed clinical material from 165 patients with diseases of the column and rectum, operated urgently in the Clinic of Special Surgery of St. George Hospital Plovdiv and Medical Faculty of Medical University Plovdiv for an 8-year period - 2010 – 2018. The clinical material of 165 patients was divided into two main groups of 20 treated in QAil and 145 in the clinic.

There have been 15 types of operations with different modifications.

For each patient included in the study, a monitoring protocol has been established, together with all available medical documentation; Epicrisis; Document for preoperative evaluation of the surgical patient according to the generally accepted ASA classification; Operational protocol - start and end of the operation and description of procedures and stages and additional requested directional description by the operator (assistant) for stages and procedures; Document on the postoperative condition and complications in the patient; Own original protocol prepared for the study

The characteristic of patients in terms of sex, age, shows a difference of only about 4% in the distribution by age and a wide age range of patients – 27 –92

years, with the dominance of the advanced and elderly – average age 67 years. Two-thirds of patients are overweight, which is a proven perioperative risk - BMI > 25. The leading role in the case of comorbidity is played by diabetes mellitus 35.45%. More than half of the patients – 51.71% are in the fourth asa group, and those with acceptable and low risk / I and II group / are only 13.7%. The leading complication in URK is obstruction, n-91, 56.4%.

The most common localization of UKR is sigma/n-66/. The leading complications - ileus and peritonitis manifested themselves more often during the day. The seasonal incidence of complexity colorectal cancer is respectively - 33.94%/n=56/ in winter, 26.06%/n=43/ - in the spring, 22.42%/n=37/- in the summer 17.58%/n=29/ - in the autumn.

The proportion of standardized resections and anastomosis in: Right hemicolectomy – 71 is significant; Left hemicolectomy – 62; Resection of the sigma – 16; Obstructive resection on Hartman. Statistically, the most significant risk factor for complications in CRC is hemotransfusion. Other significant factors are cardiopathies, hypoproteinemia, lasting more than 2 hours of operative time, the presence of ascites and the age of 65 years. The overall incidence of clinical insufficiencies was 10.91 %. Causes of lethal outcome are peritonitis, pulmonary thromboembolism and acute cardiovascular failure. Relaparotomy was 4 (2.1%), with one due to postoperative bleeding. Two were reinterventions due to peritonitis. Average hospital stay of patients was 9 days (6.0-15.0; SD-1.80).

The material studied is sufficient in volume and allows reliable statistical processing and reliable results. The selection of patients and studies were carried out according to generally accepted standard methods.

Critical remarks to the candidate. I do not agree with the candidate's assertion that in the case of carcinoma of the right hemicolon, the operation involves "mobilizing the duodenum with part of the head of the pancreas and mesenteric vessels to the beginning of a. mesenterica sup. for optimal presentation of the vessels". It is not necessary to perform so high a. mesenterica sup, since above the mouth of a. colica media are located the lower pancreatic-duodenal artery and the first jejunal artery. This dissection is very traumatic and unnecessary.

The research, in connection with the dissertation work, was carried out in the Clinic under Special Surgery of St. George University Hospital and medical faculty of Medical University Plovdiv. The work is structured correctly and contains the following parts: introduction, literary overview, CRC epidemiology, CRC complications, diagnosis of UCF, risk factors in UCF, herding of the CRC, tactics in the treatment of UCF, principles of surgical treatment of UCF, treatment of perforated CRC, treatment of obstructive CRC, treatment of left-sided obstructive CRC, tactics in patients in severe condition, oncological principles at UCF, total mesocolic excision/ TME, dissection of visceral from parietal peritoneum, dissection of visceral from parietal peritoneum, lymphatic column dissection, proximal ligation of feeding vessels, total mesorectal excision/TME advanced cor operations, antibiotic therapy, complications and lethality, standardization of operational techniques, relevance of the problem, purpose and tasks, methods and material, results, discussion, conclusions and contributions, conclusion, bibliography.

13 conclusions were drawn and 7 contributions were indicated. The bibliographical reference contains 256 literary sources – 15 are in Cyrillic, 241 are in Latin. The main bibliographic reports are after 2012, most are from modern foreign authors.

The dissertation work of Dr. E. Yordanov is well arranged and illustrated, reads very lightly. Stylistically endured and without many spelling mistakes.

Dr. E. Jordan has presented 3 publications in connection with the dissertation work, and in all, he is the lead author.

After getting acquainted in detail with the dissertation work of Dr. E. Yordanov, I believe that the work is dissertatory, innovative, and will use the surgeons of the country in their daily work. The author has undeniable qualities, proven in his daily surgical practice in a leading medical institution, which is why I allow myself to recommend to the honourable members of the scientific jury to approve it and award it to Dr. Emanuil Yordanov, the educational and scientific degree "Doctor".

Sofia, 17.06.2020 Prof. Dr.Sc.(Econ.) I. Lozev, D.M.,

A handwritten signature in blue ink, consisting of several fluid, overlapping strokes that form a stylized, abstract shape.