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Introduction:

- Aim of cytoreductive surgery for Epithelial Ovarian Cancer (EOC) - optimal debulking
- This may necessitate bowel resection. Literature review provides us with following:

Bowel resection rates

Chi et al (2006)	31.6%
Giorda et al (2014)	38.5%
Tamussino et al (2001)	23%
Bacalbasa et al (2015)	40.5%

Complications after bowel resection

Hoffman et al (2005)	6%
Cilby et al (2006)	6.8%
Peiretti et al (2012)	3%
Giorda et al (2014)	3.3%

Bowel resection in Indian scenario: Issues remain-

Socio-cultural Gravity of bowel leak Cost
Prevalance of Gram negative MDRO in pre-op stool surveillance-85% (TMC data)

Aims and Methods:

- To evaluate the changing trends of bowel resection in advanced epithelial ovarian cancer
- Correlation with pathological depth of invasion

Retrospective Observational, Single center study - Tata Medical Center (TMC), Kolkata

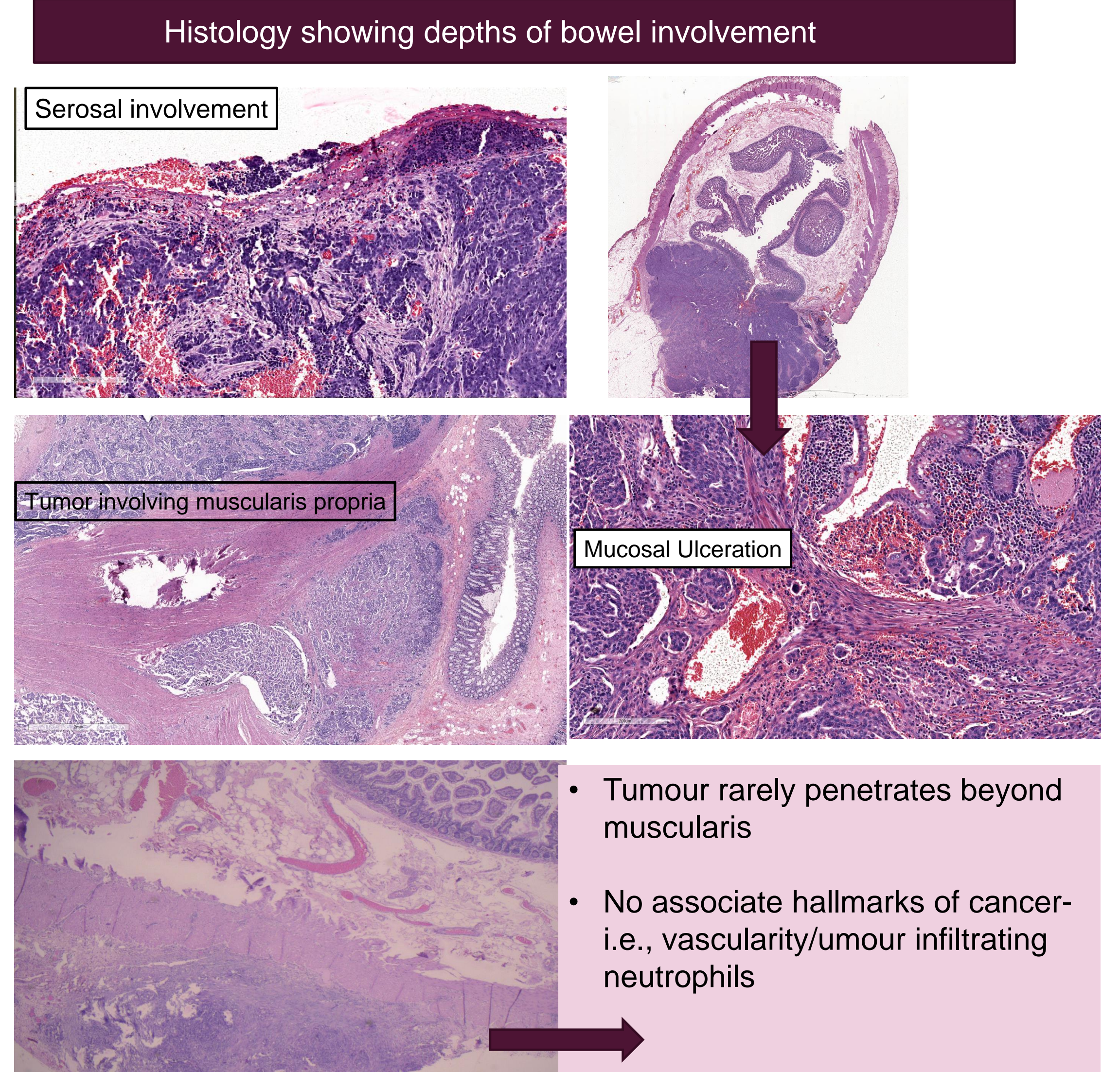
- Duration of study: July 2011- July 2018
- Included cases: All patients of stage III/IV EOC who underwent primary (PDS) or interval debulking surgery (IDS)
- Patient data was obtained from electronic records system (HMS system) and tabulated.
- Change in Practice in 2015: PDS > IDS ; ≤ 2.5mm residual disease- optimal cytoreduction

Results:

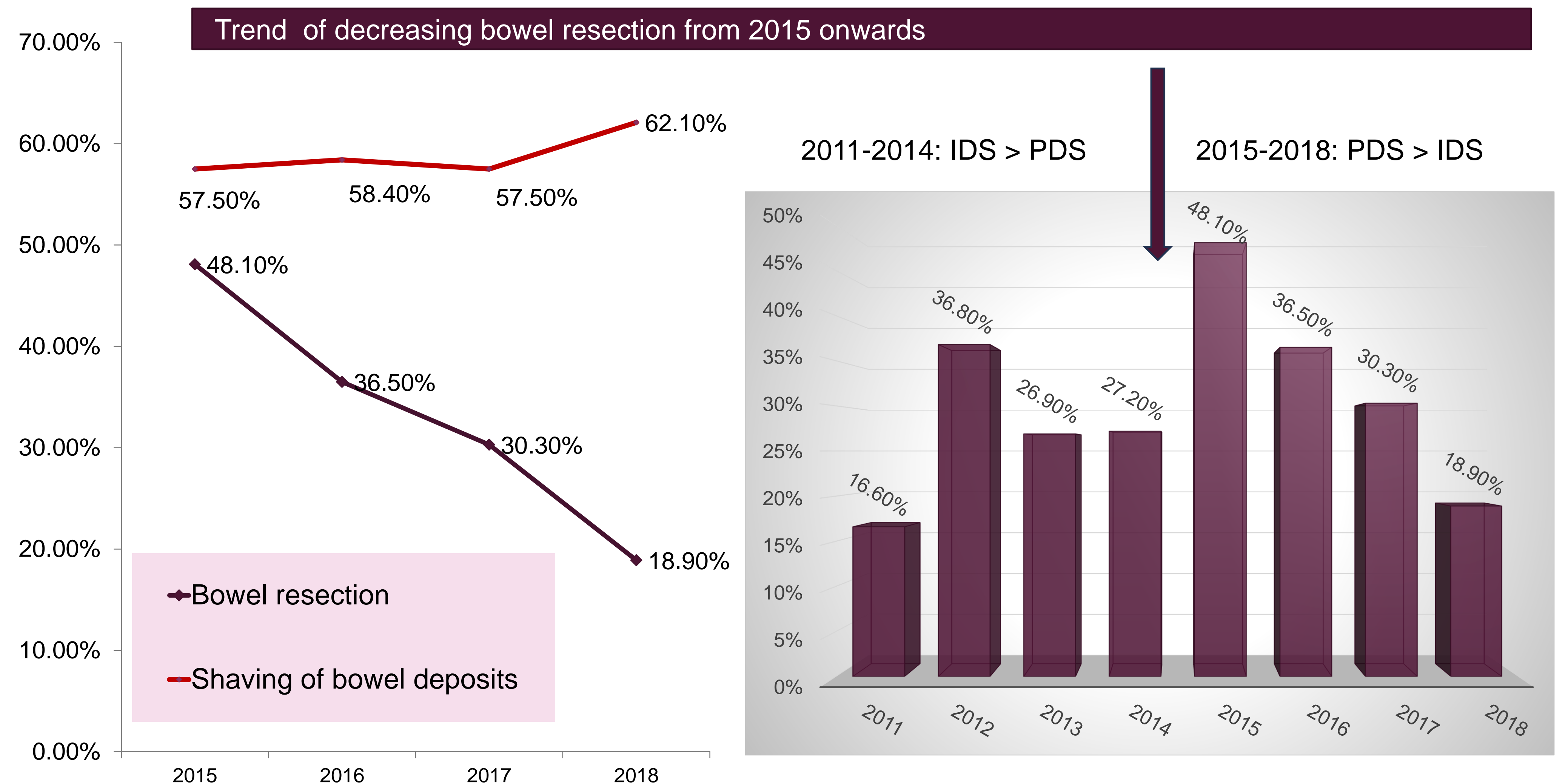
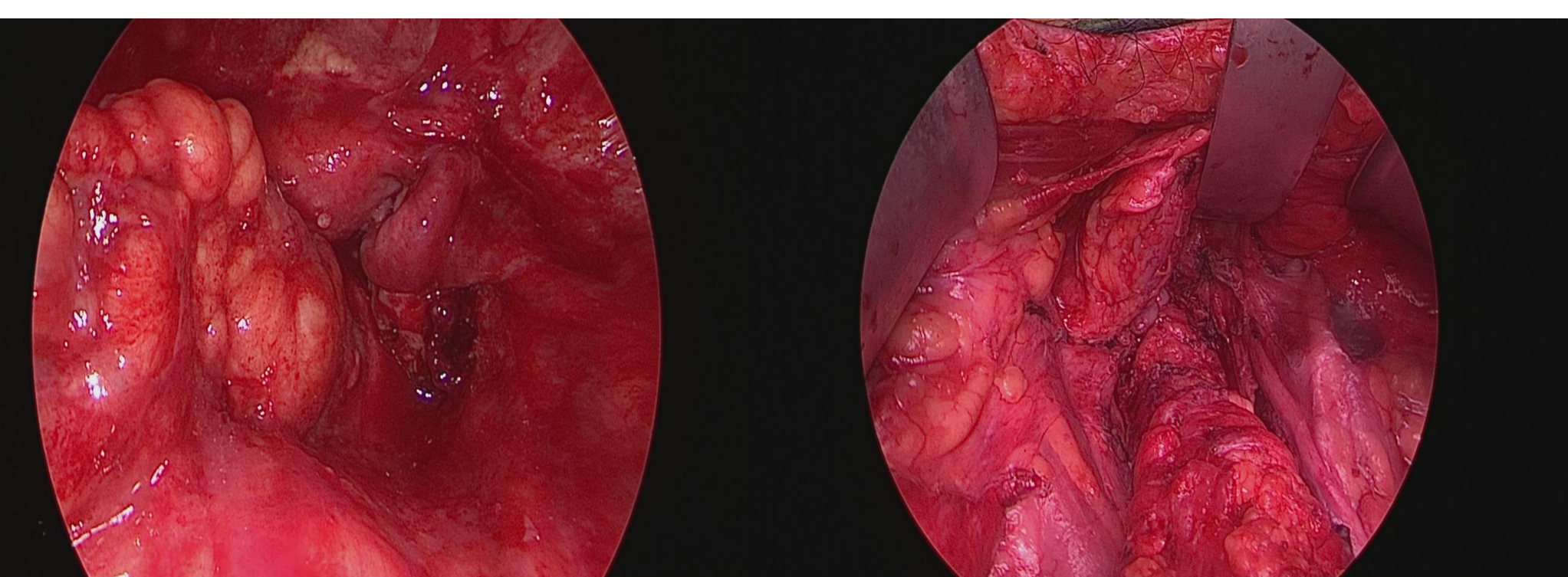
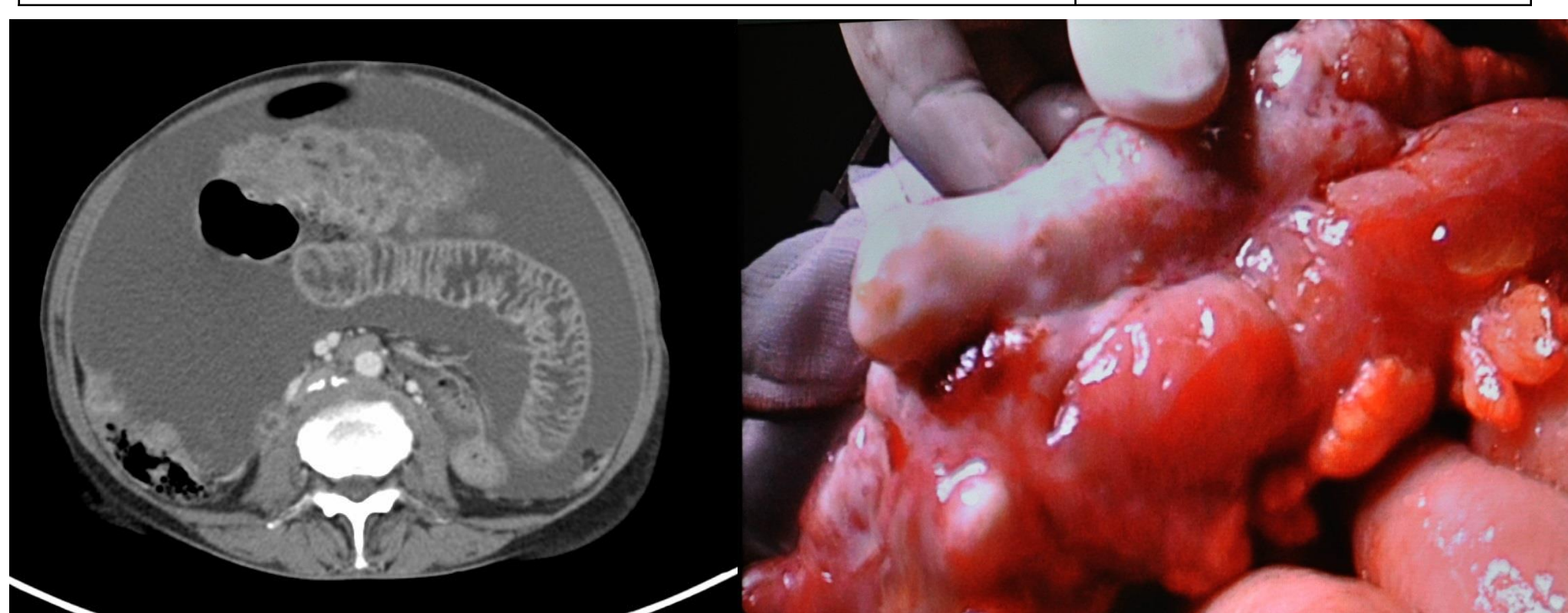
No. of women with bowel resection	N=94/297
Depth of bowel wall involvement	
• Serosa	55 (58.5%)
• Muscularis	24 (25.5%)
• Mucosa	08 (8.5%)
• No involvement	07 (7.5%)
Type of bowel segment resected*	
• Rectosigmoid	69 (73.4%)
• Right hemicolectomy	16 (17.1%)
• Colectomy	06 (6.3%)
• Small Bowel	03 (3.2%)
Type of stoma created	
• Loop ileostomy	27
• End ileostomy	1
• Hartman's	1
Complications	
• Anastomotic problems	7
• Stoma related	2
• Repeat surgery	6

Mean Age	50.50 +/- 11.23 years	
Optimal cytoreduction	90.9%	
	Bowel Resection (n=94)	No Resection (n=173)
Stage		
• IIIC	68 (72.3%)	146 (71.9%)
• IVA	17 (18.1%)	36 (17.7%)
• IVB	9 (9.6%)	21 (10.4%)
CA 125 Mean	1638.1	1678.2
Histology		
• High grade serous	83 (88.2%)	178 (87.6%)
• Non Serous	11 (11.8%)	25 (12.4%)
PCI		
• < 17	24	86
• > 17	44	36

Complications between 2015-2018		
Events	Bowel resection (n= 69)	Shaving of bowel deposits (n=114)
Stoma	23	1
Anastomotic leak	1	0
Stoma correction	2	0



Study of resected Rectosigmoid specimens (n=2)
Median length of resected specimens= 22 cm
- Approximate length of largest involved segment= 5 cm
- Approximate width of involved segment ~1/4th of circumference at the anti mesenteric border; vascularity can be preserved if only shaving the deposit / wedge resection performed



Conclusions:

- Present study- 31.6% of the patients with advanced EOC needed bowel resection; Optimal cytoreduction: 91%.
- Among the 94 patients who underwent bowel resection, 34.04% of the patients had disease extending beyond the serosa, 8.5% beyond muscularis.
- Since the **change in practice of shaving/resection of bowel serosal deposits instead of full thickness bowel resection wherever feasible**, we have been able to obtain optimal cytoreduction with a decrease in bowel resection associated morbidity. No bowel leak was noted in cases where tumour deposits were resected/shaved up to a depth of muscularis.

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