Het carcinoom in de resectiemaag : een endoscopische en histologische studie

Chapter 13

Conclusions

From studying literature as well as the information from the study on subject, the following conclusions can be put forward:

1. Though there may be different pathogenetic mechanisms underlying the development of the carcinoma of the gastric remnant, with regard to the locating of stoma and corpus, there are no differences perceptible of any importance related to average age and interval, pattern of complaints, endoscopical and histological pictures. So there are no practical consequences to distinguish the carcinoma of the gastric remnant according to localizing.
2. Because of lack of essential information from the period of the operation of the population patients who had a stomach resection in the region of Maastricht in the past, it was not possible to calculate a frequency of occurrence of the stump-carcinoma with these patients. On examining 617 patients with a BI- and BII-resection stomach, more than 10 years post-operative, a stump-carcinoma was more frequently seen with patients after a BII-resection (468 patients, 48 stump-carcinomas = 10.3%) than after a BI-resection (149 patients, 2 stump-carcinomas = 1.3%). The difference is significant ($p<0.01$).
3. On comparison of endoscopical and histological pictures of non-carcinoma patients with a BI-resection stomach, more than 10 years post-operative, distinguished after the existence or non-existence of complaints, there are significantly more ulcerative/erosive lesions diagnosed ($p<0.05$) endoscopically with the patients with complaints.
   Histological there exist no significant differences with regard to the studied phenomenons, that could be related to the patients' complaints. On grounds of information from histological examination the question arises if complaints of these patients can be related to diseases of the stomach such as e.g. gastritis, diagnosed during the examination. On comparison of endoscopical and histological pictures of non-carcinoma patients with a BII-resection stomach, more than 10 years post-operative, distinguished after the existence or non-existence of complaints, there are significantly more ulcerative/erosive lesions endoscopically diagnosed ($p<0.02$) with patients with complaints. Histologically there are no significant differences in regard to the studied phenomenons, which could be related to the patients' complaints. On grounds of data from histological examination, the question may arise if complaints from these patients may be related to diseases of the stomach, like e.g. gastritis, diagnosed during the examination.
4. The frequency of occurrence of the stump-carcinoma with patients with a BI-resection stomach with and with no complaints (106 patients with complaints, 2 stump-carcinomas = 1.9%; 43 patients with no complaints, 0 stump-carcinomas = 0.0%) does not differ significantly. The prognosis of the stump-carcinoma with symptomatic patients is bad.
   The frequency of occurrence of the stump-carcinoma with patients with a BII-resection stomach with and with no complaints (118 with complaints, 14 stump-carcinomas = 11.8%; 138 patients with no complaints, 5 stump-carcinomas = 3,6%) differs significantly ($p<0.02$). With patients with no symptoms the stump-carcinoma may be detected at an early examination as an early carcinoma, often of multifocal origin; the prognosis with these patients is good. The stump-carcinoma of the symptomatic patients is nearly always diagnosed at a later stage; in general the prognosis is bad.
5. On comparison of endoscopical and histological pictures of three groups of non-carcinoma patients, distinguished after the existence of a BI- and a BII-stomach (group A: with complaints, from 1970 up to and including 1979; group B: with complaints from 1980 up to and including 1982; group C: no complaints from 1980 up to and including 1982;), more than 10 years post-operative, the following data results:
   - mucous membrane of the antrum-character is more frequently seen with the BII-stomach on stoma level than with the BI-stomach on stoma level; with two of the 3 groups examined (groups A and C) this difference is significant ($p<0.01$);
   - at stoma level of the BII-stomach the phenomenon cystic dilatation of the glandular tubules is more frequently seen than at stoma level of the BI-stomach; with 2 of the 3 groups examined (groups B and C) this difference is significant ($p<0.02$ resp. $p<0.01$); the phenomenon cystic dilatation of the glandular tubules at stoma level of the BII-stomach

may count as a characteristic abnormal feature of the stoma of the BII-stomach;
- on endoscopy a large amount of bile is more frequently seen at BII-stomach level than with the BI-stomach; with the two groups (groups B and C) examined on this the difference is significant ($p<0.01$ resp. $p<0.05$);
- the stump-carcinoma seems to occur more often at the BII-stomach level than in the BI-stomach; the difference is significant ($p<0.02$) with one of the three groups (group B).

6. When a haemorrhage occurs with patients with a BII-stomach, more than 20 years post-operative, the possibility of a stump-carcinoma ought to be strongly considered, especially when no potential cause for the haemorrhage is found with the anamnesis. The prognosis of these patients with a carcinoma of the stomach-stump is generally bad.
7. Though no definite opinions with regard to the histological phenomenon moderate dysplasia can be given, on grounds of studie material, the following data appear from this study;
   - to diagnose the phenomenon moderate dysplasia, multiple biopsies ought to be taken at stoma level;
   - the phenomenon moderate dysplasia occurs almost equally at stoma level with the BI- and the BII-resection stomach;
   - the phenomenon moderate dysplasia occurs more often at stoma level with patients with a carcinoma of the stomach-stump than with patients with no carcinoma;
   - on a control-examination of patients with moderate dysplasia at stoma level, a moderate dysplasia is diagnosed again with only half the number of patients, although multiple biopies were taken;
   - the phenomenon moderate dysplasia at stoma level cannot simply be considered as a pre-cancerous condition.
8. Considering very critically the conditions for an acceptable screening of patients with a resection stomach with no complaints, it seems that requirements cannot be met simply.
9. It seems to be possible to select patients, from the population of patients with a BI- and a BII-resection stomach, who are considered for endoscopical and histological examination for an early diagnosis of a stump-carcinoma still at a curative stage. These patients can be characterized as follows: patients with a BII-resection stomach, from 20 years post-operative, with no diseases through which a greater operating risk exists.