STENTING AS BRIDGE TO SURGERY VERSUS EMERGENCY SURGERY FOR ACUTE LEFT COLONIC MALIGNANT OBSTRUCTION

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A retrospective study of 136 patients with acute left colonic malignant obstruction found that self-expandable metallic stent as bridge to surgery improved short-term outcomes compared to emergency surgery, with no significant difference in long-term survival.

KEY POINTS

- Self-expandable metallic stent achieved 95.5% technical success with a 16-day interval to elective surgery in 67 patients, while 69 underwent emergency surgery.
- Bridge to surgery patients had significantly lower 30-day mortality (0% vs 8.7%), fewer permanent stomas (13.4% vs 58.7%), more primary anastomoses (65.7% vs 17.4%), and fewer intraoperative complications (3.0% vs 13.0%).
- Bridge to surgery patients required intensive care less frequently (10.4% vs 27.5%) but had longer total hospitalization (21.7 vs 14.9 days), with comparable postoperative stay and total cost.
- Long-term survival showed no significant difference between groups (52.0 vs 35.0 months, p=0.121), with TNM stage IV, permanent stoma, and postoperative complications identified as independent risk factors for survival.
- The authors concluded that stenting is safe and effective without adverse effects on long-term survival, though they recommend prospective studies to weigh benefits against potential complications.

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