

BONE FRAGILITY AFTER GASTRECTOMY FOR GASTRIC CANCER

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Poster

Oesophagus

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Male patients more than 5 years post-gastrectomy for gastric cancer showed significantly reduced bone mineral density and cortical bone deterioration compared to age-matched healthy controls, with total gastrectomy associated with greater cortical bone loss than distal gastrectomy.

KEY POINTS

- In 42 male post-gastrectomy patients versus 63 controls, lumbar and femoral areal BMD were significantly lower (lumbar 1.08 vs 1.24, $P < 0.01$; femoral 0.78 vs 0.88, $P < 0.01$), along with reduced volumetric BMD and cortical thickness at radius and tibia.
- Post-gastrectomy patients had significantly elevated bone resorption and formation markers (PTH median 55.3 vs 44.6, TRACP-5b median 474.5 vs 325, P1NP median 46.9 vs 40.6, all $P < 0.01$) and lower vitamin D (median 16.3 vs 20.2, $P = 0.05$) and albumin (4.1 vs 4.3, $P < 0.01$).
- Total gastrectomy patients showed significantly lower lumbar and femoral aBMD than distal gastrectomy patients (lumbar 1.00 vs 1.17, femoral 0.73 vs 0.83, both $P < 0.01$), with greater reductions in cortical volumetric BMD at radius and tibia.
- No differences in osteoporosis markers were found between distal and total gastrectomy groups, despite differences in bone density measures.
- This observational study used DXA and HR-pQCT to assess long-term bone health in male gastric cancer survivors, excluding women to avoid menopause effects.

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