

COMPREHENSIVE EXAMINATION AND TREATMENT OF KIDNEY CANCER PATIENTS WITH COMBINED SURGICAL DISEASES



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Kidney cancer is one of the most common urological tumors, accounting for 2% of all malignant neoplasms. The average age of its detection is 60 years. Therefore, often, by this age, patients also have other pathological changes that require surgical treatment.

Objective: to evaluate the results of a comprehensive examination and treatment of kidney cancer patients with concomitant surgical diseases

Materials and methods. At A.V. Vishnevsky NMRC of Surgery accumulated experience in diagnosing and treating **24 patients with kidney cancer and combined surgical diseases** (men predominated - 21 (87.5%), average age - 61.1 years (38 - 82)).

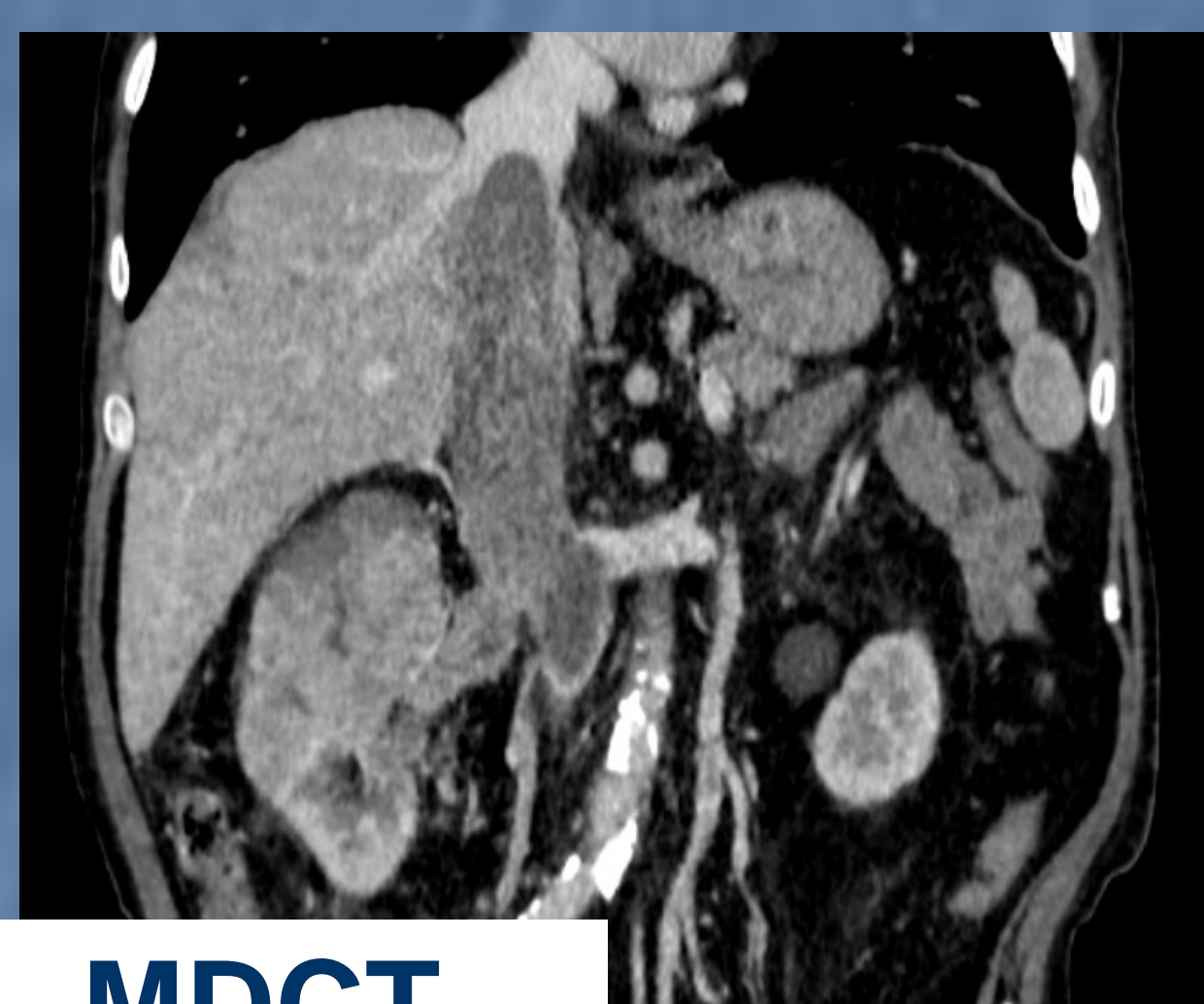
Results. A possible combination of surgical pathologies made it necessary to develop a comprehensive program for examining patients, aimed at identifying all possible pathological changes in organs and systems. This program is possible and works effectively only in a multidisciplinary hospital.

Identified concomitant surgical pathologies can be divided into three groups:

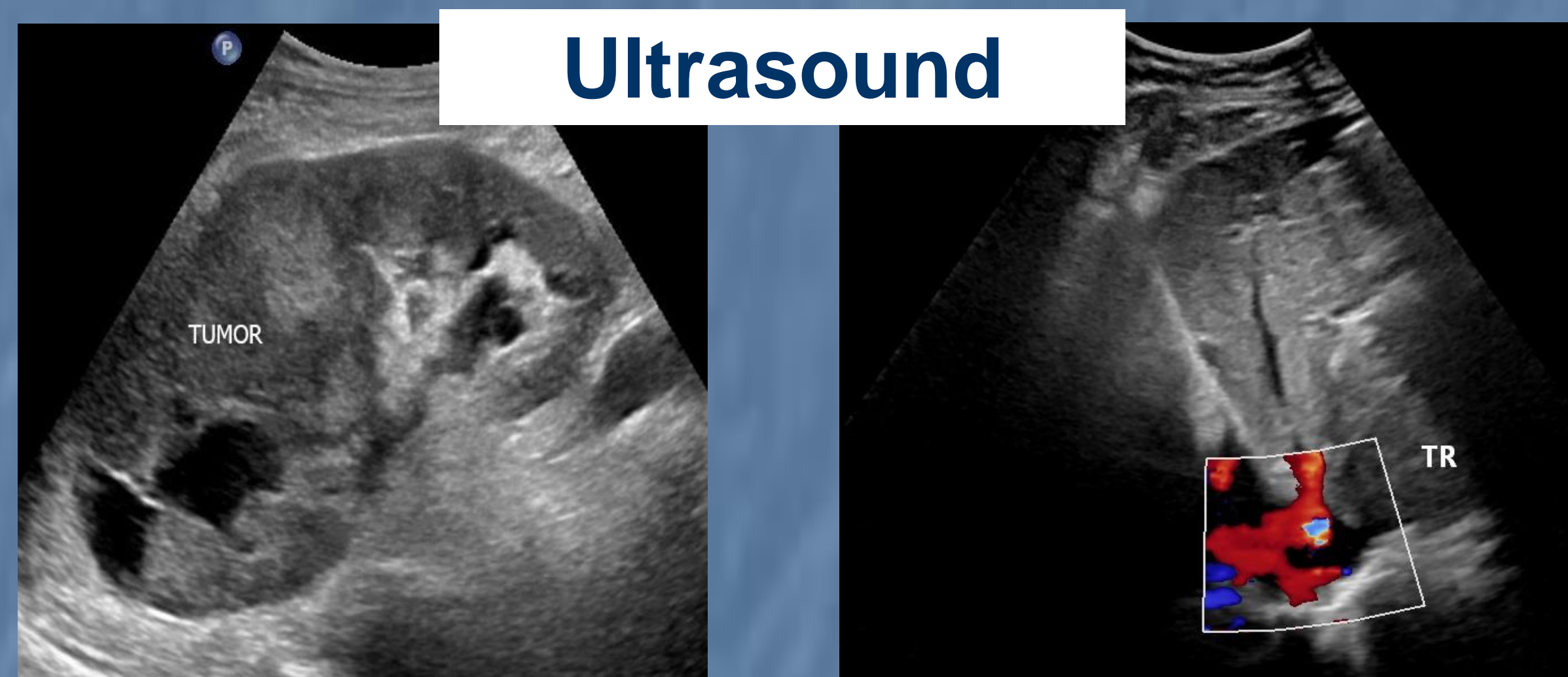
I group - cardiovascular diseases (CVD); II group - cancer of the chest and abdominal cavity and small pelvis; III group - benign disease.

Group I (n = 13 (54.2%)): critical stenosis of the coronary arteries - 10; aortic aneurysm - 1; arteriovenous fistulas of the external iliac artery and vein - 1; cardiac arrhythmias - 2 (the total number of patients is higher, because of one patient had coronary artery stenosis in combination with arrhythmia).

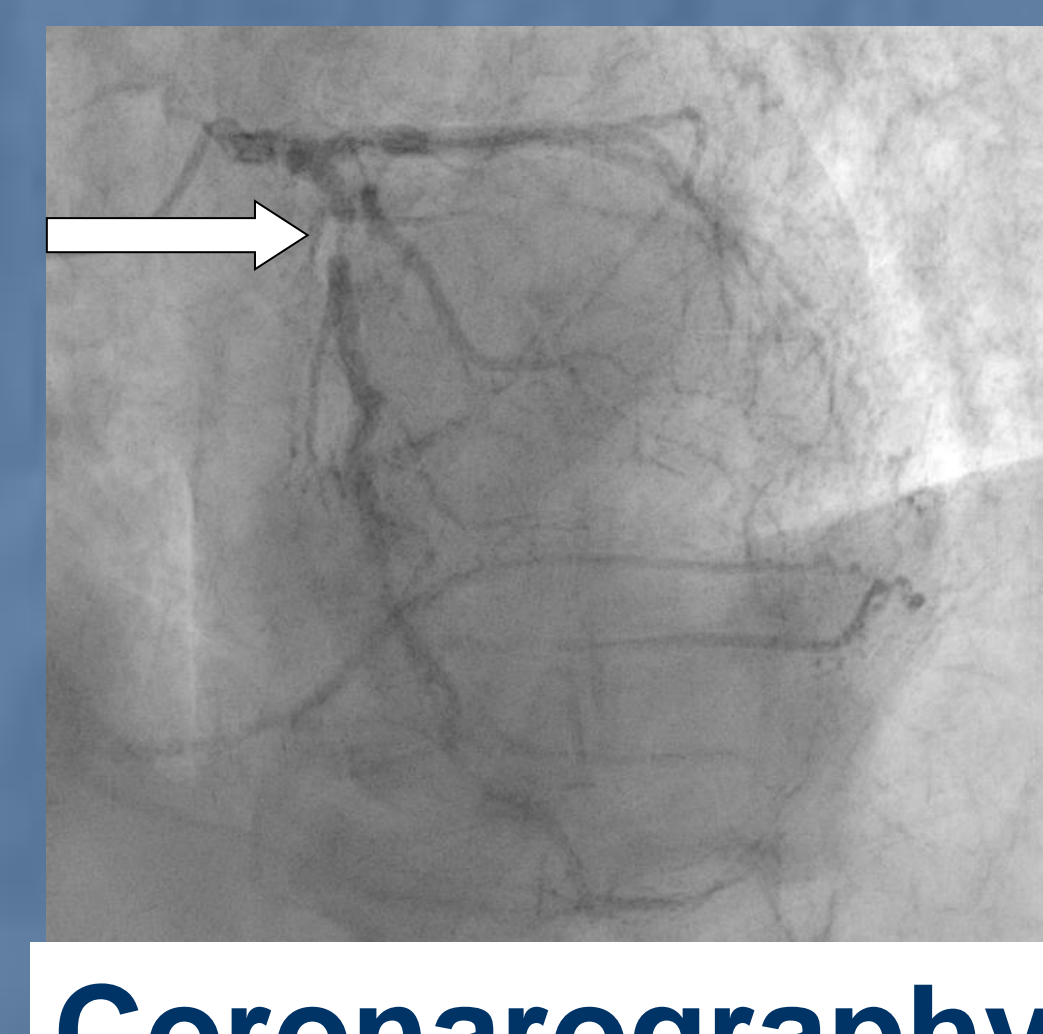
Clinical case in group I: Patient D., born in 1945, complained of nagging pain in the right lumbar region, gross hematuria, general weakness, turned to the urologist at the place of residence. MDCT: right kidney tumor, IVC tumor thrombus. Ultrasound: right kidney hypervascular tumor with intraluminal tumor extension into IVC (Mayo II). Preoperative coronary angiography: critical stenosis of the coronary arteries. Based on the results of the medical consultation, it was decided to perform aorto- and mammary-coronary bypass surgery at the first stage, and right-sided nephrectomy with thrombectomy from IVC at the second stage.



MDCT



Ultrasound



Coronarography



Tumor (II stage)

Group II (n = 7 (29.2%)): lung cancer - 1; esophageal cancer - 1; stomach cancer - 2; neuroendocrine and hepatocellular liver cancer - 1 case each; prostate cancer - 1.

In patients with kidney cancer, intraluminal thrombosis of various levels was also detected in 9 (37.5%) cases. In 1 case, mts was also simultaneously detected in the lung.

Group III (n = 4 (16.6%)): choledocholithiasis - 1; choledochal stricture - 1; inguinal hernia - 1; spleen hemangioma - 1.

Further, a personal consultation was held for each patient with the definition of treatment tactics: first of all, surgical correction of pathological changes that had a more significant threat to life (more often these were CVD) was performed.

In the presence of kidney cancer and CVD, the following interventions were performed: simultaneous interventions were performed in 1 case (arteriovenous fistulas of the external iliac artery and vein); in 7 cases with combined stenoses of the coronary arteries both open and endovascular interventions were performed as the first stage; also, the first stage was resection of an aneurysm of the infrarenal aorta with aorto-bifemoral prosthesis and coronary bypass grafting with RFA modification of the Cox-Maze operation; endovascular interventions were performed as the second stage in 2 cases in the presence of kidney cancer with inferior vena cava thrombus.

In the presence of kidney cancer and cancer of another organ of the thoracic and abdominal cavity and small pelvis, it is presented: simultaneously performed hemihepatectomy (neuroendocrine liver cancer) and resection of the stomach (2 cases of gastric cancer); as the first stage, resection and plastic surgery of the esophagus (esophageal cancer) and prostatectomy (prostate cancer) were performed; as the first stage, a kidney operation was performed, and as a second stage, a lung resection (lung cancer and mts in this lung).

In the presence of combined benign diseases, the first stage in choledocholithiasis was lithoextraction; in case of choledochal stricture, the stricture was eliminated; hernia repair was performed in the second stage; spleen hemangioma is under observation.

Conclusion. The developed system for examining patients who come to the surgical hospital for kidney cancer allows timely identification and elimination of life-threatening pathological conditions and, thus, improving the results of treatment of patients with this pathology, which is possible only in a multidisciplinary surgical hospital.