Comparison of stenting with emergency surgery as palliative treatment for obstructing primary left-sided colorectal cancer

W. L. Law *, H. K. Choi, K. W. Chu
Department of Surgery, Queen Mary Hospital, University of Hong Kong Medical Centre, Pokfulam Road, Hong Kong, China

e-mail: W. L. Law (lawwl@hkucc.hku.hk)

*Correspondence to W. L. Law, Department of Surgery, Queen Mary Hospital, University of Hong Kong Medical Centre, Pokfulam Road, Hong Kong, China

Background:
Self-expanding metallic stents provide an alternative to surgery as definitive palliation in patients with obstructing colorectal cancer. This study aimed to compare the outcome of patients with obstruction due to primary left-sided colorectal cancer treated by palliative stenting with outcome in patients who had undergone surgery.

Methods:
Patients with incurable obstructing primary colorectal cancer distal to the splenic flexure treated with emergency surgery (n = 31) or placement of a metallic stent (n = 30) from November 1997 to June 2002 were included. Data on the mortality, morbidity, necessity of intensive care and hospital stay for the two groups were compared. The subsequent outcomes, including the incidence of stoma creation and survival, were also analysed.

Results:
The two groups were similar in terms of age, sex distribution and presence of co-morbidity. Insertion of metallic stents was successful in 29 of 30 patients. Hospital death occurred in four and eight patients in the study and control groups respectively (P = 0.335). Fewer patients with placement of a stent required intensive care (1 versus 11; P = 0.001) and the median hospital stay was shorter in patients with stenting (4 versus 8 days; P = 0.008).
A stoma was subsequently created in four patients with stenting, whereas 15 patients who had emergency operation required a stoma (P = 0.005).
The difference in median survival between the two groups was not statistically significant (107 versus 119 days; P = 0.088).

Conclusion:
Self-expanding metallic stents are effective in the palliation of obstructing colorectal cancer. Placement of stents is associated with a shorter hospital stay, less likelihood of intensive care and a lower incidence of stoma creation, when compared with emergency surgery. Thus insertion of a metallic stent should be considered in patients with incurable obstructing colorectal cancer. Copyright © 2003 British Journal of Surgery Society Ltd.
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