CONTRIBUTIONS OF PATIENT-, TUMOR-, AND TREATMENT-RELATED FACTORS TO THE PATIENTS OUTCOME AFTER CURATIVE LIVER RESSECTION AMONG EGYPTIAN PATIENTS WITH METASTATIC COLORECTAL TUMOR.

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OBJECTIVE:
To identify the influencing factors on the outcome of Egyptian patients of colorectal cancer with liver metastasis.

PATIENTS AND METHODS:
From June 2011 to June 2015, medical records of 44 patients who had undergone a curative hepatectomy for colorectal cancer with liver metastasis were analyzed. Relationships between survival and clinicopathological characteristics were evaluated.

RESULTS:
Median age was 50.73 years (SD±11.99), 61% of the patients were males. The baseline CEA was 98.67±166.71. Lymph nodes (LN)s of the primary tumor was positive in 43.2%. About 65.9% and 34.1% underwent unilobar and bilobar resection respectively. Median tumor burden and size of largest tumor in cm was 8.39±3.64 and 5.59 ± 2.41 respectively. Portal vein thrombosis was seen in 13.64%. Grade I, II and III was presented in 2.27%, 90.9% and 6.82% respectively. Positive resection margin was observed in 4.55%.
About 81.82% received induction chemotherapy while only 63.64% responded. In a median follow-up time of 36 months, recurrence was observed in 43.2%. Recurrence was hepatic, extrahepatic and both hepatic and extrhepatic in 20.5%, 6.8% and 15.9% respectively.
Of all variables tested, LN status of the primary colon tumor, overall tumor burden and size of largest tumor in cm was statistically significantly with the recurrence with p value of 0.01, 0.049 and 0.008 respectively. Only the LNs status of the primary colon tumor (p=0.022) was statistically significantly with the mortality.

CONCLUSION: LNs status of the primary colon tumor was affecting both the recurrence and mortality after curative hepatectomy liver resection in Egyptian patients with metastatic colorectal tumor.

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