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Cytoreductive surgery and hyperthermic intraperitoneal chemotherapy for the treatment of digestive carcinomatosis: 18 years of experience

Abstract

Peritoneal carcinomatosis is a common manifestation of digestive tract cancer and has traditionally been regarded as a terminal disease with a short median survival. Over the last two decades, a new local-regional therapeutic approach combining cytoreductive surgery with intraperitoneal chemohyperthermia (HIPEC) has evolved. Because of its limited benefits, definite morbidity and mortality and high cost, this comprehensive management plan requires knowledgeable patient selection. Quantitative prognostic indicators are necessary as an assessment of a patient's eligibility for combined treatment. These include tumour histopathology, classifications of carcinomatosis extent, an assessment of completeness of cytoreduction, and a determination of the extent of prior surgery. Since 1989, this combined procedure has been performed in Lyon Sud for more than 350 patients with pseudomyxoma peritonei, peritoneal mesothelioma and for patients with peritoneal dissemination of digestive tract cancer (gastric or colorectal cancer). For all aetiologies, complete cytoreduction with no visible disease persisting is a requirement for long-term benefit. HIPEC combined with cytoreductive surgery appears to be an effective therapeutic approach in carefully selected patients and offer a chance for cure or palliation in this condition with few alternative treatment options. Further collaboration between peritoneal surface malignancy treatment centres are needed in order to standardize indications, HIPEC and peritonectomy techniques. Phase III studies to clarify the benefits of combined treatment will be necessary.