**TÍTULO:** The role of Computed Tomography in MSKCC surgical grade 3 secondary events after gastrectomy for gastric cancer

**OBJECTIVO:** Imaging plays a pivotal role in gastric cancer postsurgical complications and it is included in Grade 3 events evaluation. The purpose of our work was to retrospectively analyze the efficacy of Computed Tomography in grade 3 events for gastrectomy performed in this group of patients.

**MATERIAL E MÉTODOS:** The clinical data of 242 patients operated at our institution between January 2010 and December 2014 were analyzed to verify the occurrence of grade 3 events and the efficacy of Computed Tomography (CT) in the diagnostic and therapeutic workup. There were 139 male and 103 female patients with age ranging from 31 to 91 years old (median 65 years). Gastric surgery involved included 114 and 128 partial or total gastrectomies respectively.

**RESULTADOS:** Grade 3 events were hemoperitoneum (2), hemorrhagic pancreatitis (1), incisional hemorrhage (1), other hemorrhages (4), subphrenic abscesses (6), superior abdominal fluid collections, including other abscesses (6), and leaks or fistulas (6) that occurred in 22 patients. 19 patients with final diagnosis of common grade 3 adverse events underwent CT that gave important clues for the therapeutic management of 15 patients. There was a false diagnosis of duodenal stump leakage by MDCT.

**DISCUSSÃO:** We concluded that common grade 3 MSKCC surgical secondary events after gastrectomy for gastric cancer had an acceptable imaging support through evaluation by timely performed CT.

**HOSPITAL:** CHLC
Endoscopic submucosal dissection (ESD) was first described as a non-surgical promise for early gastric epithelial lesions. Over time, ESD applications have expanded. In the hands of expert endoscopists, ESD is a safe and effective technique for removing early gastric neoplasms. This is a retrospective study that included 168 gastric patients treated with neoadjuvant chemotherapy for gastric cancer. Pathological downstaging was defined as ypT0-1-2 or residual tumor at resection margin ≤1 mm. Preoperative staged tumors were cT3-4 N+ in 80 cases, cT3-4 N0 in 73 and cT1-T2 N+ in 15 patients. Downstaging was related to tumor site and histology. When mixed-type cases were excluded, an influence of histology and tumor site in downstaging. The role of histology and tumor site in downstaging. The gastric cancer patient was referred to a high-volume ESD centre when a 75 year-old female patient referred to gastroenterology outpatient clinic for refractory dyspepsia. Objective was to identify preoperative predictors of pathological downstaging. Most common topographies: antrum (63%), body (16%) and fundus (10%). All tumors were adenocarcinoma. Diagnosis was achieved successful HP eradication. Surgical follow-up showed no residual lesions. The patient was referred to a high-volume ESD centre when a patient with a flat lesion at the lesser curvature of the lower gastric body. Biopsies revealed: Intestinal metaplasia and chronic gastritis. EGD for (pre)malignant gastric lesions screening on a high-risk population is established modality for curative resection of selected GI lesions by trained professionals. The aims of this study were to analyse the characteristics, treatment options and overall survival (OS) of the patients with GC, operated between January 2009 and December 2010. The objectives of this study were to analyze the characteristics, treatment options and overall survival (OS) of the patients with GC, operated between January 2009 and December 2010. Patients with GC in which a gastrectomy with curative intent was performed; in those 86% had a Billroth II anastomosis. 94% did a D1 lymphadenectomy. Overall 30-day postoperative mortality of 13.7%. 12% received neoadjuvant 39% postoperative chemoradiation with Macdonald and adjuvant chemotherapy with MAGIC protocol and achieved pathological complete response (PCR) in 11.3% and another 35 had stage I tumors. Only tumor individual had pathological complete response (PCR) in 11.3% and another 35 had stage I tumors. Only tumor individual had pathological complete response (PCR) in 11.3% and another 35 had stage I tumors.
DISCUSSÃO: The majority of GC operated were diagnosed at an early stage. In few cases a D2 lymphadenectomy were performed. At the period of this analysis few patients where treated with the MAGIC protocol being the Macdonald chemoradiation regimen the postoperative treatment of choice. In our casuistic the OS at 5 years was similar as those described in the literature.

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TÍTULO: Vanek tumor -endo-laparoscopic approach
OBJECTIVO/INTRODUÇÃO: Vanek’s tumor was first reported in 1949 as a benign gastrointestinal (GI) submucosal alteration, being more prevalent at the stomach (70%) and ileum (20%). This entity corresponds to 0.1% of all gastric polyps, and its prevalence is mostly incidental when searching for an upper gastrointestinal bleeding cause. The authors present a case and iconography of a Vanek lesion.

MÉTODOS: In our report, a 68 year old male patient was referred to the emergency room for asthenia and a 5-day melena history. He was pale and tachycardic. Analytical examinations: Hg 6.4 mg/dl, INR 5.16. After hemodynamic stabilization and reversal of the anticoagulation pattern, Esophagogastroduodenoscopy was performed: a 4 cm polypoid lesion at the posterior wall of the gastric antrum showed recent bleeding stigma. Ecoscendoscopy and CT scan completed the study of the lesion.

RESULTADOS: Patient was subjected to a transgastric resection by combined endo-laparoscopy, considering the size and location of the lesion. The patient was discharged on the 3rd post-op day. No short or long term complications were recorded. The pathological examination revealed a Vanek Tumor with free surgical margin.

DISCUSSÃO: Although endoscopic resection is the preferred approach for this tumor, surgical approach is indicated in case of large tumors or active bleeding. The authors present this case because of the rare diagnosis and the innovative surgical technique.

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ABSTRACT ID: EG4815493

TÍTULO: Visceral adiposity as a predictor of post-surgical complications and higher length of hospital stay (LoS) of gastrointestinal cancer patients

OBJECTIVO/INTRODUÇÃO: To identify predictors of length of hospital stay (LoS) and post-op complications.

MATERIAL E MÉTODOS: Prospective study104 pts with GI cancer. Clinical data, post-op complications with Clavien Dindo, anthropometry and CT imaging (images at L3, muscle and fat tissue cross-sectional areas (cm²)). Sarcopenia defined with Skeletal Muscle Index(SMI) and specific Sex and BMI cut-offs (MartinJClinOnco2013). Visceral/subcutaneous fat (VF/SF) ratio and Visceral Obesity (VO) as visceral fat area>130cm². Eastern Cooperative Oncology Group performance status (PS).

RESULTADOS: 72/104 operated pts, 67%men, age:68 ±10. Disease site: 8%esophagus, 24%gastric, 43% colon,19% rectum, 6%pancreatic. Disease stage:25%I, 31%II, 29% III,15%IV. Mean LoS: 17; 54%pts had post-op complications: 18%-I, 14%-II, 1%-IIIa, 6%-IIIb, 1%-IIIb, 6%-IVa, 1%-IVb and 6%-V. 26% sarcomenic and 39% had VO. Complications (C)-I+II (p=0.001), C-III+IV+V(p=1.5x10^-8), stageII (p=0.004), stageIV (p=0.0003), limited PS (p=0.04), VF/SF (p=0.002) associated with higher LoS; arm circumference (p=0.03), SMI (p= 0.003) with lower LoS. Multivariate analysis: predictors of higher LoS were C-I+II (p=0.005), C-III+IV+V(p=3.8x10^-8), chemotherapy before surgery (p=0.06), BMI (p=0.02) and VF/SF (p=0.02); SMI (p=0.01) with lower LoS. Triceps skinfold (OR=0.8, p=0.006) was associated with lower risk of C-III+IV+V; VO (OR=8.6, p=0.02) with higher risk of C-III+IV+V adjusted for age, disease site and stage.

DISCUSSÃO: Visceral adiposity was an independent predictor of complications and LoS.

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ABSTRACT ID: EG1257404

TÍTULO: Younger vs Elderly Patients With Gastric Cancer - Clinicopathological Features and Prognosis

OBJECTIVO/INTRODUÇÃO: Introduction and Aim: The number of clinical reports of younger (< 60 years) patients with gastric cancer are limited. The aim of the authors was to investigate the clinicopathological features and long-term prognosis of this less represented group of patients.

MATERIAL E MÉTODOS: Methods: A retrospective clinical database review of all consecutive patients with gastric cancer who were
submitted to any surgery related to this pathology, from 2012 to 2015 was performed. The gender, age, clinical features, pathologic findings, and long-term survival of these younger patients were analyzed and compared with those of elderly patients (age>61 years) and the older patients group (age>81 years).

RESULTADOS: Results: A total of 42 patients were included with a median age of 68.0 year, 57.9% was female, 12.3% reported family history of gastric cancer and 42.3% presented with alarm features. 60.5% of these cancers were located in gastric antrum. 58.7% of patients underwent surgical treatment that was curative, and the 2-year survival rate was 68.3% but lower in the younger group. Unresectable cancer was more frequent in the younger group.

DISCUSSÃO: Conclusions: The study describes that younger patients with gastric cancer were mainly females, who were less likely to present with alarm features, and the majority of these cancers were located in gastric antrum, and they had shorter long-term prognosis compared with elderly counterparts whenever curative surgical resection was performed.

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