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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 study 104 pts with GI cancer. Clinical data, post-op complications and CT imaging (images at L3, muscle and fat tissue cross-sectional areas (cm2)). Sarcoopenia defined with Skeletal Muscle Index (SMI) and specific Sex and BMI cut-offs (MartinJClinOncol2013). 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% IIIc, 3% IVa, 1% IVb and 6% V. 26% sarcoopenic and 39% had VO. Complications (C)-I+II (p=0.001), C-III+IV+V (p=1.5x10^-8), stageIII (p=0.004), stageIV (p=0.003), limited PS (p=0.04), VO/SF (p=0.002) associated with higher LoS. Visceral Obesity (VO) (p=0.03) 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 a independent predictor of complications and LoS.