FUNCTIONAL OUTCOME OF JUJENAL INTERPOSITION RECONSTRUCTION AFTER GASTRECTOMY

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Background: Total and subtotal gastrectomies are methods of choice in surgical treatment of gastric cancer. These ablative operations eliminate the gastric reservoir and severely alter digestive physiology. Postgastrectomy syndromes include reflux gastritis and oesophagitis, dumping syndrome, intractable diarrhoea and afferent loop syndrome. To prevent such syndromes, jejunal interposition has been used following distal and total gastrectomy. The aim of this study was to evaluate the benefit of this procedure.

Methods: The study includes 33 patients histologically proven adenocarcinoma of the stomach or gastroesophageal junction, stage Ib-IV (M0), all patients underwent total or distal subtotal gastrectomy. Seventeen (17) patients were reconstructed by Jejunal interposition (7 patients underwent total gastrectomy and 10 patients underwent distal gastrectomy) either with g- pouch or without pouch whereas Sixteen patients reconstructed by Roux-en-Y. D2 lymph node dissection was done for all patients.

Results: The mean operating time was 240 min for gastrectomy and Roux-en-Y reconstruction and 280 min for jejunal interposition without pouch and 300 min with g-pouch reconstruction. No serious postoperative complications arose. Three years postoperatively dumping (68.75% compared with 11.76%, P < 0.05) and early satiety (87.5% compared with 5.8%, P < 0.05) were commoner in the Roux-en-Y group. In the pouch group eating capacity was better (94.11% of normal compared with 62.50%, P < 0.05), and the patients ate fewer meals per day (mean, 2.8 versus 5.3, P < 0.05) at 3 years. Mean weight loss at 3 years was 7.8 kg in the Roux-en-Y group compared with 1.7 kg in the pouch group (P < 0.05). None of the patients developed oesophagitis and only one patient developed pouchitis during the follow-up.

Conclusion: Jejunal interposition prevented reflux gastritis and inhibited rapid gastric emptying. Postgastrectomy syndromes were effectively prevented by this reconstruction procedure. Continual jejunal interposition after subtotal gastrectomy can recover physiological continuity of digestive tract and improve the quality of life without reflux gastritis.