Introduction: Gastric cancer is 4th most common cancer in men and 5th in women. Surgery can be curative only in 36 to 50% of patients and the 5 year survival rate is low, especially in western countries. Therefore palliative surgery has an important role in case of bleeding and pyloric obstruction. The aim of this study was to compare the gastric exclusion and gastrojejunostomy as a method for palliation in patients with unresectable distal gastric cancer.

Methods: Between 2007 and 2013 patients diagnosed with gastric or other cancers with pyloric obstruction, deemed unresectable intra-operative, were submitted to gastric exclusion according to the technique described in 1925 by Devine and modified in 1936 by Maingot. It consists in the transection of the body of the stomach, excluding the tumor obstructing the pylorus, followed by end-to-side gastrojejunostomy. The results were compared to gastrojejunostomy. For the statistical analysis we used X² test and Mann-Whitney test.

Results: Ten patients (6 men, 4 women) were included in the study, 5 had a gastric exclusion and 5 had a gastrojejunostomy. The median age was 63 years (45-77, interquartile range) and 68 years (60-75), respectively. There was one case of morbidity in each group (p = 0,197). The median length of stay was 5 days (4-7) in the gastric exclusion group and 7 days (6-18) in the gastrojejunostomy group (p = 0,092). There was a statistically significant difference in the time to oral diet (p = 0,038). We also observed a longer survival rate in the exclusion group although not significant.

Conclusion: The results suggest that the gastric exclusion is better than the gastrojejunostomy as a palliative surgery for pyloric obstruction. This technique, described 88 years ago, shows improved functional outcome and a low rate of complications, proving to be a safe option for these patients.