The importance of palliative surgery.
DISCLOSURE OF INTEREST

- None
Clinical Case: The importance of palliative surgery.

- Family cancer history: None.
- Personal medical history:
  - Female. 51 years.
  - Former smoker since age 42.
  - Medication: Esomeprazole 40mg/24hrs.
  - No other diseases.
Clinical Case: The importance of palliative surgery.

- Chief complaint:
  - Swelling in the abdomen, heartburn, early satiety, loss of appetite and weight.

- Endoscopic/radiological findings:
  - Gastric linitis plastica. Invasion of the duodenum and pancreas. Tumor peritoneal implants.

- Diagnosis:
  - Gastric adenocarcinoma cT4b cN1 cM1, stage IV. Her 2 negative. IHC MMR proteins: positive.
Clinical Case: The importance of palliative surgery.

- Treatment Plan/evolution:
  - Partial response in CT scan in April/2019. Clinically the patient continues with upper digestive symptoms as at the time of diagnosis.
  - Palliative gastroenteroanastomosis is performed in April/2019. After surgery the patient has no digestive symptoms and nutritional status improves.
  - Continue with FOLFOX until now with stable disease in August/2019 CT scan.
Clinical Case: The importance of palliative surgery.

○ Conclusions:
  – The role of palliative surgical resection in recurrent or metastatic gastric cancer is still controversial.
  – Even patients who respond to chemotherapy may continue with digestive symptoms that compromise their physical or nutritional status.
  – Judicious use of palliative surgery before/after chemotherapy in metastatic gastric cancer patients may result in a favorable outcome.