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SURGICAL MANAGEMENT AND PROGNOSIS OF RETROPERITONEAL INJURIES

ABSTRACT

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Constituting an important anatomical part with many diagnostic and evolutionary possibilities, the retroperitoneal permanently represented a challenge in clinical practice.

This paper attempts to address the most complete approach of these disorders, in a unified way. It has in view establishing clinical and paraclinical diagnostic criteria, so that treatment of future cases could be made on their basis. Treatment of these patients is complex, multidisciplinary and currently there is no therapeutic algorithm. The diagnosis guidelines and treatment of retroperitoneal diseases in our country is at an early stage. Moreover, the international offer only clues in this regard, except the retroperitoneal lymphomas, which are included as lymphomas protocols' in general. Also in terms of treatment, especially the surgical one, it seemed useful the comparative study of laparoscopic versus conventional surgical technique in retro peritoneum pathology.

The main target of the medical act is healing, and when this goal cannot be achieved, we, the doctors do what we can to ensure the quality of life. From this point of view it seemed important to identify the risk factors for the development of certain types of retroperitoneal lesions and perform a prognostic score for some of them.

Retroperitoneal tumors are important for the retroperitoneal space pathology because they are the most common injuries encountered at this level and raise serious diagnostic problems, especially treatment ones. Retroperitoneal tumors are of three types: Primitive Retroperitoneal Tumors (PRT), retroperitoneal recurrences occurred after PRT operated with radical intent and retroperitoneal localized metastasis coming from other malignancies. PRT incidence in overall tumoral pathology of the body is quite small, subunitary, but in their case the malignant ones are much more frequent; the malignant / benign ratio is 5/1. Suppurative disorders in the retroperitoneal space are: nonspecific suppurations, specific infections and fungal infections. In clinical practice there are two important categories of retroperitoneal effusions: hematic and other retroperitoneal effusions.

We performed a retrospective, analytical and observational study of retroperitoneal lesions cases of the patients hospitalized in Surgical Clinic I of the Mures County Hospital over a period of nine years between January 2004 and December 2012. The documentation used was obtained from the patient's clinical observation sheets in conjunction with the Clinic computerized database. Within the mentioned period I followed the incidence, treatment and evolution of several types of retroperitoneal lesions. During this period were found 126 cases with retroperitoneal disorders. They represented 0.67% of the total of 18 626 patients hospitalized and treated at the clinic. The largest share is given by the tumoral disorders and of these; primitive retroperitoneal tumors (PRT) are the most common.

Another purpose of this paper is to identify the differences between laparoscopic versus conventional surgical approach in retroperitoneum disease. The study aims a retrospective analysis of various retroperitoneal interventions performed in 62 patients in the clinic during 2010-2012. We extracted of the casuistry tumoral diseases (primary tumors, metastases, cysts) or non-tumoral (effusions, abscesses, hematomas) and we subdivided the patients into two groups: group I on who were practiced traditional interventions (51 patients) and in group II the surgical approach was laparoscopic (11 patients). Laparoscopic surgery of retroperitoneal

lesions has a minimally invasive character. Even if the interventions duration is longer in PRT laparoscopically operated, postoperative evolution of patients is favorable without major complications that could affect the overall condition of the patient. Plague pathology is missing and hospitalization is remarkably shorter than in patients with conventional interventions. In anatomical cases where the tumor is well defined without anatomic relationships with the large retroperitoneal vessels and acceptable size, the transperitoneal laparoscopic abscission attempt is feasible and preferred. The laparoscopic technique has limitations in approaching the retroperitoneal lesions. Classical surgery is indicated for hemostasis, dressing and drainage. Neither in the case of retroperitoneal abscesses nor in the transperitoneal, the laparoscopic approach is appropriate. In these cases direct access by minilaparotomy eco - or guided CT or puncture is preferred for disposal, dressing and drainage. Classical approach of retroperitoneal lesions is indicated in large hematomas, abscesses, large tumors, invading tumors or whose vascular factor does not allow laparoscopic technique.

A third study included in this thesis is a retrospective study of the Clinic's casuistry performed between January 2004 and December 2012, which analyzes the immediate and remote postoperative results from a total of 126 patients hospitalized with PRT during this period. The study has two objectives: analysis of the obtained results after surgical treatment of retroperitoneal lesions and their correlation with those of other published studies in the field and identification of the main risk and prognosis factors that influence subsequent evolution of these patients. The purpose of this study is to discover the most effective therapeutic methods or protocols that could improve significantly the chances or standard quality of life of patients with retroperitoneal pathology.

We consider that after careful analysis of prognostic factors with their variables, compared with the biological status of the patient and application of prognostic scores, as is the one realized and proposed by us for retroperitoneal sarcomas, it may be appreciated whether and how we can improve evolution of these cases. In the absence of prognostic scores, evaluation of chances and their increase can be done by careful analysis of risk factors such as those proposed and analyzed by us for other malignant PRT.

Finally, I outlined some ideas which might contribute to the improvement of the surgical management of the patients with retroperitoneal disease. We succeeded, after performing statistical and clinical analysis, achieving a genuine prognostic score, applicable to cases with a diagnosis of retroperitoneal sarcoma, and establishing the most important prognostic factors that may influence the patients evolution with other types of retroperitoneal lesions.