
43 GASTRIC CARCINOID TUMOR: REPORT OF A CASE AND LITERATURE REVIEW

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Aims: The purpose of this study is to report a case of gastric carcinoid tumor and present the latest literature references.

Methods: A woman patient, 78 years old, presenting with severe anemia was administrated in the 4th University Surgical Department of Athens. After thorough endoscopic examination, a polypoid lesion of the stomach was diagnosed and histopathologic analysis revealed a carcinoid tumor. After all other carcinoid settings were excluded the patient underwent gastrectomy and resection of regional lymph nodes.

Results: Multiple gastric carcinoid tumors were found, extending to the muscular layer and giving metastases to two out of seven great omentum lymph nodes. All resection margins were negative and characteristics of atrophic gastritis were recognized. The tumor cells stained strongly for chromogranin and synaptophysin, but there was no somatostatin reactivity.

Conclusions: Gastric carcinoids are rare tumors of the enterochromaffin-like cells, representing less than 2% of all carcinoid tumors and less than 1% of all stomach neoplasms. They are classified into three types: Type 1 is associated with hypergastrinemia secondary to atrophic gastritis, type 2 is common in patients with Zollinger-Ellison syndrome and multiple endocrine neoplasia and type 3 tends to be sporadic. Type 1 and 2 tumors have favorable prognosis, while type 3 are frequently malignant. Gastric carcinoid tumors tend to have distant metastases at 42% at presentation and the 10-year survival rate is 59%. Prognosis seems to depend on mitotic index, Ki-67 express, angioinvasion and gastric wall invasion as well.

44 ASSOCIATION OF THE NUMBER OF METASTATIC PERIGASTRIC LYMPH NODES WITH LONG - TERM SURVIVAL IN GASTRIC CANCER

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Background/Aims: The presence of metastases in lymph nodes is an important prognostic factor in patients with gastric cancer. Currently, the total number of metastatic lymph nodes (MLN) is thought to be more prognostically significant than the anatomical distribution of MLN.

Methodology: The associations of the total number of MLN and of the number of perigastric (PG) MLN with long-term survival were retrospectively evaluated using uni- and multivariate analysis in 481 node positive gastric cancer patients who underwent potentially curative resections.

Results: The number of PG MLN was a better prognostic indicator than the total number of MLN (indices of correlation 0,2224 and 0,3117, respectively). Good surgical results werw obtained in patients with 5 PG MLN or fewer.

Conclusions: The number of perigastric metastatic lymph nodes is a more conveniently obtained and reliable prognostic factor than the total number of metastatic lymph nodes in patients with node-positive gastric cancer.

45 CUTANEOUS METASTASES OF AN ADENOCARCINOMA OF THE STOMACH IN AN ELDERLY WOMAN. A CASE REPORT.

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Introduction. The cutaneous metastases from internal carcinoma are relatively uncommon in clinical practice and their early diagnosis is very important. The percentage of patients with cancer that develop cutaneous metastases ranges from 0,4% – 9%. Herein, a case of cutaneous metastases of adenocarcinoma of the stomach is presented.

Case presentation. A 68 y.o. female patient was admitted due to manifestations of multiple cutaneous nodules during the last four months.

A reported history of total gastrectomy 2 years ago due to stomach adenocarcinoma (moderate grade of differentiation of enteric type according to Lauren classification) and it is doubtful as to the extent the patient followed the appropriate control for the observation of her condition as was recommended, herself was not alarmed during the initial manifestation of the first cutaneous nodules that occurred 4 months ago. Physical examination revealed multiple palpable hard, painless cutaneous nodules on the thorax, the back and the abdomen, palpable mass attached to the skin of the right breast as well as palpable hard, painless axillary and inguinal lymph nodes. Laboratory control showed a decreased Ht and an elevation of Alkaline Phosphatase. X-Ray of the thorax and pelvis demonstrated masses in the ribs and the femoral bones

U/S studies of the abdomen showed an ascitic fluid collection and a borderline thickening of the walls of the helix of the jejunum.

Brain CT revealed a soft tissue mass retrobulbar on the right side.

Thoracic CT showed diffuse hyperdense appearance of the total of the bone structures. Biopsy from the right breast revealed a diffuse infiltration from malignant cells with Signet Ring morphology. The immunohistochemical findings were in favor of metastatic adenocarcinoma of poor grade of differentiation. The patient received chemotherapeutic agents for 6 months but died for progression for gastric carcinoma.

Conclusion: Cancer of the stomach manifests with cutaneous metastases in 0,4% and mainly the type with Signet Ring cells, as in our patient. The dispersion takes place through the lymphatic and vascular system mainly in the abdomen and pelvis. The treatment is based in the treatment of the primary tumor and is of palliative nature. The prognosis is poor, with a survival rate of a few months.

46 BONE METASTASES OF GASTRIC CARCINOMA IN ASSOCIATION WITH PAGET'S DISEASE

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Any primary tumor has the ability to spread as soon as it is established and has access to lymphatic or blood vessels. Carcinomas most likely metastasize to bones, breast, lung, prostate, thyroid and kidney. Metastasis of gastric carcinoma to bone is rare. Only a few reports have been published in the medical literature. Association of gastric carcinoma with bone metastases and Paget's disease has not been previously reported.

We present the case of a 59-year-old woman, who presented in our hospital in 1992 for nausea, vomiting and weight loss. On physical examination we found epigastric tenderness without hepatosplenomegaly or peripheral lymphadenopathy. A gastroscopy showed a gastric tumor. A total gastrectomy was then performed and the histological diagnosis was: 'gastric carcinoma, diffuse type'. The patient received systemic chemotherapy with fluoracil and 1-year later a krukensberg tumor was found on her left ovary for which a total hysterectomy with bilateral salpingo-oophorectomy was performed. For the next 11 years the patient was in a good condition. Then, on routine blood tests, high levels of serum alkaline phosphatase and CA 19-9 was found. On abdominal CT scan no lymphadenopathy or evidence of disease in other organs was found. A bone scintigraphy demonstrated lytic lesions in skull, pelvis and lumbosacral region. A bone marrow biopsy followed and a few neoplastic cells, isolated or in small clusters were found. Immunohistochemical examination showed positivity of the neoplastic cells for pan-cytokeratin and CA19-9 whereas they were negative for CA125 and CA15-3. Accordingly, the diagnosis of bone metastasis with the stomach as the primary site was made. In addition, the bone showed the histological features of Paget's disease. Six months later the patient is in a good condition without additional treatment.

In the present study we report a very rare case of bone metastasis from gastric carcinoma in association with Paget's disease.

47 ALPHA- FETOPROTEIN PRODUCING EMBRYONAL CARCINOMA OF THE STOMACH. A CASE REPORT

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Extragenital germ cell tumors of the stomach are extremely rare, most of them presenting endodermal sinus- like malignancies. We present a case of an embryonal- type gastric carcinoma in a 69-year-old male patient, who was admitted to our hospital complaining for moderate loss of weight during the last two months. Laboratory testing revealed anemia and remarkably high alpha-fetoprotein (AFP) values (>1050ng/mL). Gastroscopy revealed an extensive involvement of the stomach by a neoplastic tumor, partially ulcerated. Biopsy confirmed the presence of a poorly differentiated adenocarcinoma. Abdominal CT scan showed in addition, enlargement of the regional lymph nodes. A total gastrectomy with extensive lymphadenectomy was performed. The histological examination showed a poorly differentiated embryonal- type carcinoma. A minor component of classical moderately differentiated gastric adenocarcinoma of enteric type (Lauren classification), was observed in limited areas, confirming the gastric origin of this combined tumor. Immunohistochemically, the embryonal carcinoma cells expressed strongly AFP and placental alkaline phosphatase (PLAP) in addition to cytokeratins AE1/AE3 and EMA. The postoperative course of the patient was normal and he was discharged on the 10th postoperative day. He subsequently received chemotherapy.

48 CASE OF GASTROINTESTINAL T-LYMPHOMA OF THE SMALL BOWEL

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Introduction: T- lymphomas of the small intestine (with or without enteropathy) are rare and they usually present as an abdominal mass with a clinical manifestation of perforation or gastrointestinal bleeding. The therapy consists of surgical resection by combination chemotherapy

Case report: A 46-year old male was admitted to the Surgical Department of our Hospital for investigation of an abdominal mass. The patient was initially admitted to the Internal Medicine Department with symptoms of abdominal pain, diarrhea and fever. The clinical examination revealed a painful palpable mass which extended from the splenic flexure to the periumbilical region. The rest of the clinical and laboratory tests were normal. A colonoscopy was carried out with normal findings. A CT- scan of the abdomen showed an enlarged small bowel mass. The patient underwent a laparotomy. A 8 cm mass removed along with a 80 cm segment of the jejunum. The histological examination of the tumor revealed a high grade non -Hodgkin T- lymphoma of the small intestine. The immunohistochemical stains CD₃, CD₇, CD_{45RO}, CD₄₃, CD₅₆, perforine, TIA were positive. The patient was discharged after an uneventful postoperative course and underwent a course of adjuvant chemotherapy.

49 PRIMARY HODGKIN'S LYMPHOMA OF THE STOMACH: AN INFREQUENT LOCALIZATION OF EXTRANODAL DISEASE

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Primary Hodgkin's lymphoma involving the gastrointestinal tract is exceedingly rare and has been reported more frequently in the stomach and rarely in the esophagus. Most primary gastric Hodgkin's lymphomas are observed in the course of systemic disease. Other cases have been reclassified in retrospective studies as non-Hodgkin's lymphomas, after immunohistochemical examination was performed. Some Hodgkin's lymphomas may masquerade non-Hodgkin's lymphomas and vice versa. Therefore, an accurate diagnosis is important, as treatment and outcome differ significantly for these entities.

We report the case of a 46-year-old man, who presented in our hospital for progressive epigastric pain, nausea, vomiting and weight loss. On physical examination we found epigastric tenderness without hepatosplenomegaly, peripheral lymphadenopathy or skin abnormalities. An abdominal computerized tomography showed an infiltrative tumor on the larger curvative side of the antrum with no lymph node enlargement. A gastroscopy was then performed and an ulcerated tumor with maximum diameter 4 cm on the large curvature was found. Although the histological examination of the biopsies taken were negative for neoplasia, because clinically there was strong suspicion of malignancy, a partial gastrectomy was performed. Morphological examination of the excised tumor showed infiltration of gastric mucosa and submucosa by large atypical mononuclear or multinucleated giant cells. Immunohistochemical study showed positivity of the neoplastic cells for CD30 and CD15, whereas they were negative for CD20, CD3, ALK and EBV-LMP. So, the diagnosis of Hodgkin's lymphoma was made. The patient received 6 cycles of chemotherapy and 22 months later he is in a good condition and disease free.

In the present report we present a very rare case of primary gastric Hodgkin's lymphoma. Immunohistochemical examination is absolutely necessary for making the correct diagnosis.

50 RECURRENCE OF GASTRIC LYMPHOMA 15 YEARS AFTER SUCCESSFUL SURGICAL RESECTION: DIAGNOSTIC AND THERAPEUTIC MANIPULATIONS

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Aim: To describe an unusual case of a patient who had undergone subtotal gastrectomy for gastric lymphoma. Fifteen years later the patient developed recurrence of the upper GI bleeding again due to non-Hodgkin's gastric lymphoma.

Case report: A male patient aged 56, was admitted to our hospital at the age of 41, because of upper GI bleeding. An emergency Endoscopy was performed which showed a mass infiltrating a large part of the gastric body. A diagnosis of gastric adenocarcinoma of diffuse type was made and the patient underwent subtotal gastrectomy. No adjuvant treatment was applied. During the subsequent 14 years he was free of symptoms although an autoimmune thyroiditis was diagnosed 4 years later. A second upper GI bleeding appeared 15 years after the first one when the patient was 55 years-old. Upper GI Endoscopy revealed again a mass occupying a large part of the gastric remnant. Histology showed an ulcerated mass corresponding to ulcerated non-Hodgkin lymphoma originating from large B-lymphocytes. Abdominal CT was unremarkable. He was submitted to five chemotherapy cycles with Mabthera, Oncovin, Novantron and Endoxan every three weeks with quite favourable results. At that time, a review of the previous histological slides revealed that the malignant neoplasm of the gastrectomy specimen corresponded to the same non-Hodgkin lymphoma developing on the ground of MALT lymphoma. The patient was seen one year later in the outpatient clinic. Upper GI Endoscopy, histology, histology, endoscopic ultrasonography and serological markers showed only a moderate degree of reactive gastritis. Because of the presence of serum antibodies against *Helicobacter pylori*, a triple therapy was introduced which resulted in *Hp* eradication.

Conclusion: a) Discrimination between diffuse gastric adenocarcinoma and gastric lymphoma could be quite difficult even if the surgical specimen is available. b) Recurrence of lymphoma could be found 15 years after successful initial resection, c) the cooperation between gastroenterologist, oncologist, pathologist and other specialists is essential in order to achieve the most favorable outcome.

51 SMALL BOWEL INTUSSUSCEPTION CAUSED BY A JEJUNAL NON- HODGKIN'S LYMPHOMA

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Background: Malignant tumors of the small bowel are very rare and account for less than 2.5% of all gastrointestinal malignancies. Lymphomas represent 10-19% of the small bowel malignancies. In this case report an unusual presentation of a small bowel intussusception due to a jejunal lymphoma is discussed and a review of the literature is carried out.

Case presentation: A 78 year-old male was admitted to our surgical department with a one month history of abdominal pain, nausea and vomiting. He also complained of a remarkable weight loss (15kgs) during the last two months prior to admission. On clinical examination an abdominal mass was palpable, while laboratory findings were negative.

Enteroclysis showed an intraluminal filling defect and severe luminal narrowing of the jejunum, 20cm distal to the Treitz ligament. The abdominal computerised tomography scan demonstrated a dilated jejunal loop and confirmed the presence of the filling defect. The patient underwent an exploratory laparotomy which revealed a jejuno-jejunal intussusception 20cm distal to the Treitz ligament. A segmental resection of the small bowel was performed. The histology of the specimen was suggestive of a large B-cell non-Hodgkin lymphoma of the jejunum. The postoperative course was uneventful. Following surgery, the patient refused to receive adjuvant chemotherapy as advised. Seven months later, he was readmitted to our department with upper gastrointestinal bleeding. Endoscopy and biopsies taken revealed a gastric large B-cell non-Hodgkin lymphoma and the patient received chemotherapy. Six months later, the patient presented with acute abdomen. The laparotomy revealed disseminated inoperable abdominal disease. Chemotherapy followed but the patient died five weeks later.

52 THE USE AND ACCURACY OF THE COMBINED INTRAOPERATIVE IMPRINT AND FNA TECHNIQUE DURING THE ROUTINE SURGERY IN THE MANAGEMENT OF COLORECTAL CANCER

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We performed the combined intraoperative imprints and FNA technique in the routine surgery of colorectal cancer and we estimated the diagnostic accuracy of the method.

Materials and methods: We studied 80 patients who underwent surgery due to prediagnosed colorectal cancer in the last 3 years. During surgery, we took not only series of imprints and FNA specimens of the tumors, but series of cytologic surgical margin specimens as well. All cytologic specimens were fixed in 95% alcohol and stained by the HE rapid technique and the conventional Papanicolaou method. We also performed tumor markers for further evaluation. Imprints provide better cytomorphologic features by preserving well tumor architecture and sampling capacity, than frozen sections.

Results: With both intraoperative methods (imprints and FNA) we diagnosed colorectal adenocarcinomas in the total number of the patients. All the examined cases were confirmed by histology. This intraoperative technique gives excellent information about the tumor architecture (histological type of the tumor), but not the stage of the disease.

Conclusions: The application of the intraoperative combined imprints and FNA diagnostic method, increases the diagnostic accuracy over 97.5% and also gives very important information about free or not surgical margins. Imprint cytology reveals the tumors' architecture and is more rapid than the frozen section procedure. It takes only 5-7 min during the open surgery. It is a very simple, safe, rapid and of high accuracy intraoperative diagnostic technique in the routine colorectal surgery.

53 EVALUATION OF QUALITY OF LIFE IN PATIENTS WITH COLORECTAL CANCER

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The aim of the present study was to evaluate the quality of life in patients with colorectal cancer in relation with the severity of the disease.

Patients and Methods: 30 patients with colorectal cancer (19 male and 11 female, range 45-78 years old with mean age 63 years) were studied. Out of these patients, 6 (20%) were in Dukes B stage of disease, 13 (43%) in stage C and 11 (37%) in stage D. For their evaluation we used the SF-36 quality of life questionnaire

Results – Conclusions: A considerable reduction of physical activity of 55% was found in comparison to the ideal situation, a reduction of social activity by 45% and of vitality by 60%. It was found that the presence of pain reduces the quality of life by 60%. Additionally the emotional state was reduced by 70% in comparison to the emotional well-being level. As far as the patients' perception for their general state of health concerns, they believe that it falls short to the level that they consider as ideal by 60%. Finally, by performing a comparison of the results based on the stage of the disease we observed a worsening of the perception of the general state of health ($p < 0.01$), physical state ($p < 0.05$), vitality ($p < 0.001$), emotional state ($p < 0.01$), pain ($p < 0.05$) and social activity ($p < 0.01$).

54 TOLERANCE AND ACTIVITY OF CHEMOTHERAPY IN ELDERLY PATIENTS WITH ADVANCED COLORECTAL CANCER

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The aim of the present study was to analyze the tolerability and activity of chemotherapy with 5-FU plus oxaliplatin or CPT 11 in elderly patients with advanced colorectal cancer.

Patients and Methods: Patients aged =70years old, with advanced colorectal cancer were treated with 5-FU (400mg/m² in bolus and 600mg/m² in 22h continuous infusion on days 1-2) plus folinic acid (100 mg/m²) associated with oxaliplatin (85 mg/m² on day 1, FOLFOX regimen) or CPT-11 (180 mg/m² on day 1, FOLFIRI regimen), every 14 days.

Results: 20 patients with a median age of 75 years (range 67- 85) were treated with FOLFOX or FOLFIRI as first-line chemotherapy for metastatic colorectal cancer. We observed 6/20 (30%) partial response, 6/20 (30%) stable disease and 3/20 (15%) progressive disease, whilst 5/20 (25%) patients were not evaluable. Median survival was 20.8 months, 1-year survival probability was 63.5%. Grade III-IV leukopenia was observed in 2/20 (10%) patients, no other grade III-IV toxicities were observed.

Conclusions: FOLFOX and FOLFIRI appear to be active and well tolerated regimens for elderly patients with advanced colorectal cancer.

55 HARTMAN OPERATION GUARANTEES THE SURVIVAL OF THE PATIENT WITH ACUTE OBSTRUCTION OF THE SIGMOID, AS LONG AS IT IS PRECEDED BY SAFE DECOMPRESSION OF THE LARGE INTESTINE OUTSIDE THE PERITONEAL CAVITY

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The purpose of this announcement is to highlight the importance of decompressing the excessively distended part of the large intestine above the area of the acute obstruction, so as to avoid the infection of the peritoneal cavity by the loss of intestinal content inside it, facilitating thus the performance of the Hartman operation.

Subjects and Methods: In our clinic, twelve patients have been submitted to urgent laparotomy due to acute obstruction of the sigmoid caused by cancer since June 2000. Acute obstruction resulted in excessive distention of the superior part of the large intestine, inducing the risk of fecal peritonitis from its rupture. The distention of the intestine caused the disruption of the continuity of the serous coat, increasing the risk of rupture of the intestinal wall and loss of the intestinal content inside the peritoneal cavity. The age of the patients ranged from 56 to 88 years. Eight of them were women and five of them were men. The operative technique that was applied was to decompress the distended part of the large intestine from its content and from gases, which were responsible for the distention. To this purpose, after the incision of the peritoneal cavity, the transverse colon was brought outside the abdomen, mainly to the left and it was voided from its content through a small section into a basin. As the wall of the intestine collapsed, the purse string was tied and two extra Vicryl 2.0 sutures were added in order to seal the colostomy. Finally, we performed the Hartman operation by executing a wide sigmoidectomy including the tumor.

Results: The post operative progress of the patients was satisfactory. All of them were able to eat on the fourth day after surgery, while the left colostomy was already functioning normally after the second post operative. They were released from hospital between the 10th and 15th post operative day. There were slight disorders observed in all patients during the healing process of the surgical section.

Conclusions: The applied technique for the decompression of the distended intestine is difficult and demands extreme subtlety. Otherwise, it may lead to the immediate rupture of the large intestine and to the infection of the peritoneal cavity from the intestinal content. This decompression was performed on our patients without special difficulties, rendering the Hartman sigmoidectomy easier and briefer. This has most definitely contributed in the satisfactory post operative progress of our patients (prognosis).

56 IBANDRONATE IS EFFECTIVE IN PREVENTING SKELETAL EVENTS IN PATIENTS WITH BONE METASTASES SECONDARY TO COLORECTAL CARCINOMA

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Background: Patients with metastatic colorectal carcinoma (CRC) often develop metastases to bone with a high risk of complications.

Method: A randomized, placebo-controlled trial was conducted to evaluate the efficacy and safety of Ibandronate in patients with bone metastases from CRC. The primary efficacy endpoint was proportion of patients with skeletal related events (defined as pathologic fracture, spinal cord compression, radiation therapy to bone, change in antineoplastic therapy and surgery to bone). Secondary endpoints included time to first skeletal event, skeletal morbidity rate (events/year) and time to progression of bone lesions.

Results: In 30 patients with CRC, treatment with intravenous Ibandronate 6mg over a 15-minute infusion significantly reduced the proportion of patients with skeletal events (39% vs. 78% with placebo; $p=0,019$) and prolonged the time to first event by at least 6 months (median >279 vs. 93 days with placebo; $p=0,009$).

Ibandronate also significantly reduced the skeletal morbidity rate (mean 2,36 vs. 3,14 with placebo; $p=0,018$) and prolonged time to progression of bone lesions (214 days vs. 81 days with placebo; $p=0,018$). The incidence of renal events was comparable to placebo and there were no clinically-relevant changes of serum creatinine.

Conclusion: Ibandronate was well tolerated with very rare grade 3 or 4 toxicity and provides significant clinical benefit in patients with bone metastases secondary to CRC.

57 EMERGENCY SURGERY ON PATIENTS WITH COLORECTAL CANCER AGED OVER 80 YEARS

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Introduction: Colorectal Cancer on patients aged over 80 years old, has a poor prognosis, appears mostly as an Acute Abdomen and has increased peroperative mortality. This study presents our experience on patients with Colorectal Cancer, aged over 80 years old.

Patients and Methods: Over the last 5 years, from March 2000 to March 2005, 16 patients with Colorectal Cancer, aged over 80 years old, were operated as an Emergency Case in our Unit. Patients with Familial Adenomatous Polyposis and Ulcerative Colitis were excluded from this study. Of the above patients, 9 were men and 7 women. Their age varied between 80 and 92 years old. (Mean: 83, 6 years old). The most frequent case of the appearance of an Acute Abdomen was an Intestinal Occlusion (13 cases). Followed by a Perforated Large Bowel (1case) and Bleeding. (2cases). The Tumor was located on the Cecum (6 cases), on the Transverse Colon (1 case), on the Left Colic Flexure (2 cases), on the Sigmoid Colon (5 cases) and on the Rectum (2 cases).

Results: This study examines the short term results of survival and not the long term ones. The surgery these patients underwent involved Right Colectomy and Ileo-Transverse Anastomosis on 6 patients, Sigmoid Colectomy and Hartman's Procedure on 4 patients, Sigmoid Colectomy and End-to-End Anastomosis on 1 patient and Colostomy on 5 patients. Of the above patients 2 died postoperatively (percentage 12, 5%). The mean hospitalization time of these severely ill patients was 10, 3 days. Postoperative complications appeared on the 37, 5 % of the above patients.

Conclusion: The Colorectal Carcinoma is the commonest Cancer of the Gastro-Intestinal Tract. Its frequency increases with age. A percentage of 20% of the patients with Colorectal Cancer appears as an Acute Abdomen because of an Intestinal Occlusion, a Perforated Large Bowel, or a Bowel Bleeding. A lot of factors influence the decision for an Emergency Surgery on these patients. One of the factors is age; another is the possibility of the patient to overcome a major Surgery and its postoperative complications. Another factor is the accompanying diseases (Respiratory, Cardiovascular, Diabetes e.t.c.). Our experience has showed that the Immediate Surgical Confrontation of these patients is the best path for a safe outcome, even with the limitations due to their advanced age.

58 SYNCHRONOUS COLORECTAL TUMORS - THEIR CLINICAL DEVELOPMENT

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Introduction: The purpose of this study is the localization of cases of Synchronous Colorectal Tumors among the patients of our Unit, as well as the study of their Clinical Development.

Patients and Methods: During the last 6 years, from March 1999 to March 2005, we have operated on 194 patients for colorectal cancer, in our unit. Of these patients, 4 showed synchronous colorectal tumors (a percentage of 2, 06%). All 4 of them were men. The first showed a tumor on the rectum and a synchronous tumor on the sigmoid colon. The second showed a tumor on the cecum and a synchronous tumor on the rectum. The third showed a tumor on the cecum and a synchronous tumor on the right colic flexure. The fourth showed a tumor on the transverse colon and a synchronous tumor on the rectum. The ages of these patients were 72, 70, 73 and 76 years, respectively. The diagnosis of the synchronous tumors was made preoperatively with colonoscopy.

Results: The first patient underwent an abdominoperineal excision of the rectum and excision of both synchronous tumors. Biopsy showed the existence of an adenocarcinoma of moderate differentiation; stage B2 for both tumors (size of tumors, 4x4 cm and 4x7 cm respectively). The second patient underwent a total proctocolectomy and ileostomy. Histology of the resected specimen showed the development of an adenocarcinoma of moderate differentiation; stage C2 for both tumors (size of tumors, 3x2, 5cm and 6,5x6 cm respectively). The third patient underwent a right hemicolectomy and side-to-side ileotransverse anastomosis. Histology of the resected specimen showed the development of an adenocarcinoma of moderate differentiation; stage B2 for both tumors (size of tumors 2,5x3cm and 4x3 cm respectively). The fourth patient underwent right hemicolectomy and side-to-side anastomosis as well as anterior resection of the colon and end-to-end anastomosis. Biopsy showed the existence of an adenocarcinoma of moderate differentiation, stage B2 and an adenocarcinoma of moderate differentiation, stage B1 respectively (size of tumors, 4x3cm and 1,5x2cm respectively). Postoperative mortality was 0%. So far, postoperative search for possible recurrences of the tumor including various hematological tests, CEA, CA 19.9, CA 72-4, as well as imaging techniques and endoscopy was negative. **Conclusion:** The incidence of synchronous colorectal cancers is relevantly rare. It occurs on a percentage of 2-9%. In our study this percentage was 2,06%. It requires special attention during the colonoscopy. The finding of a tumor does not constitute reason to exclude total colonoscopy before surgery. If this is impossible for technical reasons, then, imaging studies including barium enema or careful palpation of the whole bowel during the operation must be performed. Finally, it seems that clinical evolution of the disease is identical for synchronous colorectal tumors as it is for solitary tumors of the large bowel.

59 SYNCHRONOUS AND METACHRONOUS ADENOCARCINOMAS OF THE LARGE INTESTINE

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The synchronous and consecutive (metachronous) appearance of two or more primary adenocarcinomas accounts to 3 to 5 % of all carcinomas of the large intestine.

The aim of this study is to present the experience of our department in managing the synchronous and metachronous carcinomas of the large intestine.

Methods: Between 1987 and 2004, 12 patients (7 males and 5 females) with synchronous (3 patients) and metachronous (9 patients) carcinomas of the large intestine were treated, comprising 4,3% of all patients submitted to operation for large intestine carcinoma. Their mean age was 67,5 years (min 47, max 83). The appearance interim of the metachronous carcinomas range from 1,5 to 14 years. The primary locations of all 3 synchronous carcinomas were two.

Results: Colonoscopy and abdominal CT was conducted in 10 patients and the remaining 2 underwent only abdominal CT due to their critical condition. The operation was radical in 10 patients and palliative in two. The mean postoperative hospitalization was 21 days (10-49). The postoperative mortality was zero. The survival percentage rate in patients with a radical procedure ranged for the first year 80%, for the third year 60% and for the fifth year 50%. In patients with a palliative operation the survival rate for the first year was 50% and zero for the third.

Conclusions: The identification of a tumor that justify the clinical symptoms, usually suspends further investigation, making the diagnosis of synchronous carcinomas more difficult. Thus, the insistence in diagnostic approach and the use of diagnostic methods such as colonoscopy is necessary.

60 TRANSANAL FULL-THICKNESS EXCISION AN OPTION FOR LOCAL TREATMENT OF LOWER RECTAL CANCER FOLLOWING PREOPERATIVE RADIATION OR CHEMORADIATION

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The local excision is a therapeutic modality for management of high selective group of patients suffering from lower rectal cancer. The challenge remains to correctly identify patients for a local excision approach. The clear quality of life improvement for patients, who can avoid both a colostomy and a major abdominal operation, as well as the associated concomitant morbidity /mortality makes this an appealing alternative.

During a ten year period (1995 – 2004), 32 patients, 19 men and 13 women, mean age 73.4 (49 to 89), were admitted in our hospital, because of a low rectal adenocarcinoma. Our work-up includes a complete history, physical examination, rigid and flexible sigmoidoscopy, biopsy and colonoscopy, endorectal ultrasound and pelvic MRI. Careful notation of the size, position, ulceration, circumferential involvement and morphology of the tumor are recorded. Special attention to both the inferior level and cephalad level of the lesion relative to anorectal ring was critical. Ultimate determination of a local excisional approach for a cancer is based on the tumor characteristics after completion of preoperative radiation or chemoradiation therapy.

All patients underwent high dose preoperative irradiation using 1.8 to 2.5 Gy per fraction over 4 to 6 weeks, for a total dose of 45 to 70 Gy. 5- Fu based chemotherapy, in a variety of regimens, has been used in 15 patients of our series. Following completion of preoperative radiation or chemoradiation therapy, patients were reassessed clinically and with selective imaging studies.

Transanal full-thickness local excision was then performed 5 to 10 weeks later to allow for the maximal benefit of tumor downstaging. All patients underwent sphincter preserving surgery.

In a mean follow – up of 72 ± 14 months, we had 6 patients with local recurrence of the tumor (18.7 %), and we performed an abdominal perineal resection. We had 5 deaths in our series caused to liver and lung metastasis.

There are many therapeutic options for management of lower rectal cancer. Everyone is aware that all rectal cancers are not the same. Treatment options are impacted directly by the level in the rectum, the status of the lymph nodes, and the T stage of the cancer.

Our experience lends credence to the role of multimodal therapy with full-thickness local excision for the treatment of high selected rectal cancers.

61 IMMUNOHISTOCHEMICAL EXPRESSION OF BCL-2 IN DUKES'S STAGE B AND C COLORECTAL CARCINOMA PATIENTS: CORRELATION WITH P53 AND KI-67 IN EVALUATING PROGNOSTIC SIGNIFICANCE

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Background: The objective of this study was to evaluate the expression of bcl-2 in Dukes's stage B and stage C (AJCC/UICC stage I and III) colorectal adenocarcinoma and to examine its association with clinicopathological features, p53, ki-67 with 5 and long term outcome.

Methods: Paraffin embedded specimens from 61 patients with Dukes's stage B (AJCC/UICC stage I) and 39 patients with Dukes's stage C (AJCC/UICC stage III) colorectal adenocarcinoma who were treated with surgery were assessed. We determined by immunohistochemistry the expression of bcl-2, p53 and ki-67 with 5 year follow up.

Results: Cytoplasmic staining of the bcl-2 gene product was seen in the tumour cells of 27 cases (27%). Expression of bcl-2 protein was unrelated to patient sex, age, tumour site or tumour grade, but was related to tumour stage ($p=0,0117$). No significant association was demonstrated between bcl-2 and p53 status in the 66 cases in which p53 had previously been assessed ($p=0,395$). However there was very strong evidence of correlation between bcl-2 staining and ki-67 score ($p<0,001$). There was a trend towards increased survival in patients whose tumours expressed bcl-2 protein ($p=0,001$). When entered into multivariate analysis model, which also included p53 and stage, bcl-2 staining emerged as a prognostic indicator variable.

Conclusions: The results from this study would suggest that expression of bcl-2 appear to be useful in selecting a group of colorectal cancer patients with a better prognosis.

62 FACTORS AFFECTING SURVIVAL OF PATIENTS OPERATED-ON FOR ACUTE LARGE BOWEL OBSTRUCTION DUE TO COLORECTAL CANCER.

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Aim: To present our experience on the confronting of patients with acute large bowel obstruction due to colon carcinoma, as well as to analyze the prognostic factors affecting the survival of the patients.

Patients and Methods: The study refers to 138 patients (55 men and 83 women of mean age 65 yr) who were hospitalized in our unit during the period of 1975 to 2004. In 120 patients the large bowel carcinoma was located in the left and transverse colon, while in 18 the right colon was affected. Seventy-eight patients underwent a curative colectomy. However, in 5 patients a surgical bypass of the tumor was necessary to be performed, as a life-saving procedure. One hundred and nineteen patients were admitted to the hospital suffering from severe dehydration and electrolyte depletion. In 93 of them a surgical procedure was performed 4 to 6 hours after admission.

Results: Ten deaths were noticed in the immediate post-surgical period. Concerning post-surgical morbidity, 25 patients developed one or more complications. All of them were confronted conservatively. However in two patients a reoperation was necessary to be performed. Survival of the patients was directly related to 1) the immediate and prompt correction of water and electrolytes disturbances, b) the prompt diagnosis and consequently the prompt operation, c) the location and extent of the disease, d) the experience of the surgeon, e) the correct postsurgical medical care and f) the stage of the disease.

Conclusion: It seems that the perioperative survival of these patients depends on prompt diagnosis and surgical treatment, the suitable postsurgical medical care and the stage of the disease.

63 SURGICAL MANAGEMENT OF COLON AND RECTUM CANCER ON EMERGENCY CONDITIONS

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Background: The emergency management of colon and rectum cancer represents a common problem between surgeons in treatment of these patients.

Aim: The purpose of this study is to present our experience and highlight our principles in treating patients with colorectal carcinoma in emergency base.

Methods-Patients: in the last six years (1999-04) 163 patients (males:92, females:71, mean age: 62,4 years) presenting with primary colorectal cancer and 68 patients from them underwent to emergency operation, in the first 48 hours of admission in hospital, for acute intestinal obstruction (46 patients), perforation and peritonitis (18 patients) or severe haemorrhage (4 patients).

Results: 21 patients (30,8%) with complicated cancer of the right colon underwent to one-stage primary resection and anastomosis (right hemicolectomy and ileocolonic anastomosis), 6 patients (8,8%) with obstructed carcinomas of the left colon were subjected to primary resection, 32 patients (47,1%) with complicated cancer of the left colon were subjected to Hartmann's operation and 9 patients (13,2%) with complicated cancer of the rectum (5 patients - 7,4%) and left colon (4 patients - 5,8%) were managed with diverting colostomy. The overall postoperative morbidity rate was 27,9% and mortality rate was 13,2% and increased with advanced tumour disease, perforation and peritonitis. The average length of hospitalisation was 16 (14-27) days.

Conclusions: One-stage primary resection and anastomosis of the right colon carcinomas, Hartmann's operation and diverting colostomy for left colon carcinomas and diverting colostomy for rectum carcinomas are the most used options in cases of emergency. Primary resection and anastomosis for left colon carcinomas may be performed safely in selected patients. Preoperative severe cardiopulmonary or metabolic disease, ileus, perforation with peritonitis and advanced carcinoma (Dukes' C or D) were statistically related to an increased rate of morbidity and mortality. The long-term survival rate following emergency surgery was worse than after elective surgery.

64 RADIATION THERAPY AND CHEMO-RADIOTHERAPY IN THE CONSERVATIVE TREATMENT OF ANAL CANCER: A SINGLE INSTITUTION EXPERIENCE

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Introduction: Conservative treatment of the anal cancer has become the standard care for this malignancy. Radiotherapy and chemo-radiotherapy are the current treatments for anal cancer, with intent of sphincter preservation. In this retrospective study we report our experience in the management of patients with anal cancer treated with radiotherapy alone or in combination with chemotherapy.

Methods and materials: Between 1994 and 2004, 18 patients (pts) with anal cancer (17 epidermoid carcinoma and 1 adenocarcinoma) were treated with radiotherapy alone (7 pts) or concomitant chemo-radiation (11pts) at the University Hospital of Ioannina. Twelve pts were male and 6 female. The tumor staging according to the AJCC was: stage II 7 pts (38.9%), stage IIIA 3 pts (16.7%) and stage IIIB 8 pts (44.4%). Median age at diagnosis was 72.5 years. Radiotherapy was given by a Linear Accelerator (6 MV) and/or a Cobalt Unit. The mean total dose was 45.69 Gy, given in 4-6 weeks (1.8 to 2 Gy/day). Chemotherapy (5-fluorouracil and mitomycin) was given concomitantly with radiotherapy.

Results: Complete tumor response was achieved in 10 pts. Two pts underwent salvage abdomino-perineal resection. With a mean follow up of 34 (23-45) months, local recurrence has occurred in 8 pts (44.4%) and one patient presented distant metastases. The mean disease free survival was 34 (23-45) months and overall survival was 38 (28-49) months. All but one patient tolerated their treatment without interruption due to acute treatment toxicity.

Conclusion: Radiotherapy and combined chemo-radiotherapy were acceptable methods of treatment for patients with anal cancer. Although, in patients with local advanced disease local recurrences occurred more frequently. Acute toxicity was manageable and late treatment-related symptoms were tolerable.

65 SURGICAL MANAGEMENT OF PANCREATIC CANCER

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Background: Pancreatic cancer still remains a disease with poor prognosis. Most of the patients are diagnosed at an advanced stage. As the majority of these patients are poor candidates for curative surgical excision, the survival rate is very low despite the improvements in the perioperative and postoperative morbidity and mortality during the past decade.

Methods: From 1984 to 2004 we had 156 admissions of patients with pancreatic cancer in our department. Eighty-five (54.5%) of them were men and 71 (45.5%) were women. The tumor occurred in the head of the pancreas in 113 (72.4%) of the patients and in the body and tail in the rest. Forty-four (28.2%) patients had resectable tumors at the time of the diagnosis, while the rest 122 (71.8%) were diagnosed with advanced non-resectable tumors. The preoperative evaluation included ultrasound, computerised tomography, ERCP, MRCP, endoscopic ultrasonography and tumor markers, while the intraoperative diagnostic methods included FNAs and imprints. Thirty five pancreaticoduodenectomies (in seven cases the pylorus was preserved) and 10 distal pancreatectomies were performed. In the unresectable tumors palliative biliary bypasses were performed. The biliodigestive anastomosis was combined with a gastroenterostomy in 85 patients. No surgical palliation was possible in 7 patients.

Results: Postoperative morbidity and mortality for the curative resections was 33.6% and 4.5% respectively, while for the unresectable tumors was 18% and 8%. The five-year survival rate was 13%, while the three-year survival rate was 28.2%. The median survival for the unresectable tumors was 9 months.

Conclusions: Pancreatic cancer remains a disease with dismal prognosis. Surgical resection, when possible, remains the only potentially curative approach. Pancreaticoduodenectomy can be a safe procedure in experienced hands. An important intraoperative diagnostic tool is the application of imprints and FNA specimens, because both methods increase the diagnostic accuracy (>97.5%). The palliative surgical management of the unresectable tumors is also very important, as the primary goal is the relief of the symptoms and the improvement of the quality of the patient's life.

66 GEMCITABINE (G) PLUS CISPLATINE (C) VS. GEMCITABINE ALONE IN THE TREATMENT OF ADVANCED PANCREATIC CARCINOMA

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Objective: The aim of the present study was to compare the G/C combination to single-agent G. The primary endpoint was survival.

Methods: 16 patients with histologically documented pancreatic carcinoma were randomized to receive either G 1,000mg/m² plus 50mg/m² on d 1,15 of a 28-day schedule (arm A, 9 patients) or G 1,000mg/m² on d 1,8,15 of a 28-day schedule (arm B 7 patients).

Results: 16 patients were enrolled. Patients characteristics were balanced between arms A and B with regard to age (5 vs. 6 years), karnofsky PS (70 each), and liver metastasis (64% vs. 65%). Disease: locally advanced (26,9% of patients), metastatic (73,1%). The median number of cycles administered was 4 in arm A and 3 in arm B. WHO grade IV toxicities (per patient analysis) in arm A and B included: anemia 2,4% vs. 3,1%, leucopenia 8,7% vs. 8,6%, thrombopenia 5,6% vs. 9,8%, mucositis 3,8% vs. 3,6%, nausea/vomiting 20,3% vs. 6,8%, grade 3 diarrhea 3,1% vs. 6,2% respectively.

After 75% of the patients died, median survival was 8,2 months in arm A, and 6,1 months in arm B that reached a level of significance in the wilcoxon test (p=0,045), but not in the long-rank analysis (p=0,12).

Progression-free survival was markedly superior for the G/C combination with 5,3 months vs. 2,7 months (p<0,01, long-rank test).

Conclusion: Even though the number of the patients of our study is small, it seems that the combined use of G/C prolonged progression-free overall survival in locally advanced and metastatic pancreatic cancer compared to single-agent G. Apart from nausea and vomiting, toxicity between treatment arms was comparable.

67 NONFUNCTIONING PANCREATIC ENDOCRINE TUMORS ASSOCIATED WITH UNUSUAL COMPONENTS OF MULTIPLE ENDOCRINE NEOPLASIA TYPE 1 SYNDROME.

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Pancreatic endocrine tumors (PETs) occur sporadically and rarely in association with multiple endocrine neoplasia type 1 (MEN-1) syndrome.

The **aim** of our study is to present our experience in the surgical treatment of nonfunctioning PETs in patients with MEN 1 who had manifested some of the most unusual components of the syndrome.

Patients-Methods: Between 1990 and 2003 a total of 11 patients with clinically confirmed MEN 1 syndrome were monitored in an annually screening program that included evaluation of the pancreas. Our policy was to use Computed Tomography (CT) and Magnetic Resonance Imaging (MRI), in combination with biochemical screening to diagnose and categorize the pancreatic involvement in MEN-1.

Results: Nonfunctioning PETs were identified in 3 female patients (27.2%). All of them had manifested some of the most infrequent components of the syndrome. Diagnosis of PETs was established 8.5 years later than MEN 1. The median tumor diameter at diagnosis was 3.1 cm (range 1.8-4 cm). All patients were treated by distal pancreatectomy. Diagnosis of PET was established in histological sections by staining with neuroendocrine tumor markers.

Conclusions: Early detection of clinically silent (non-functioning) PETs in patients with MEN-1 syndrome can be accomplished by biochemical and radiological screening program. Nonfunctioning PETs should be principally removed when diagnosed in order to achieve a timely and efficient prophylaxis against further tumor growth and malignant development.

68 THE ROLE OF ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATO-GRAPHY IN THE PALLIATIVE TREATMENT OF PATIENTS WITH PANCREATIC CANCER AGED MORE THAN 80 YEARS

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Aim: To present our experience in the confronting of patients aged more than 80 years with cancer of the head of the pancreas.

Patients-Methods: The study refers to 19 patients (6 men, 13 women, aged >80 years) (range 81-90) with obstructive jaundice due to cancer of the head of the pancreas, who were diagnosed and followed-up between 1996 and 2004 in our unit. In all patients a diagnostic and therapeutic ERCP was performed. An endoprosthesis was placed in the main bile duct through the malignant lesion. In three patients with gastric outlet obstruction, a stent was also placed in the second part of the duodenum.

Results: No perioperative death was noticed. The perioperative morbidity was 15.8% (2 patients with biliary tract and one with urinary infection). Relief of pain and jaundice was achieved in a few days (range 1-6). The mean time of hospitalization and the mean survival time were 6 days and 6 months, respectively.

Conclusion: Therapeutic ERCP (having the ability to place a stent and thus relieving the jaundice) remains the most useful modality for the palliative treatment of obstructive jaundice due to carcinoma of the head of the pancreas and of patients with gastric outlet obstruction.

69 RADIOFREQUENCY ABLATION IN ADVANCED PANCREATIC CANCER

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Objective. This article presents the use of a new radiofrequency ablation (RFA) system, in four patients, with inoperable pancreatic adenocarcinoma. In the current literature these cases are the only treated by this RFA device

Methods: We used the newer Cool-tip™ RFA system (Radionics), with the cooled electrode (a 17-gauge, 20 cm with a 3 cm exposure length). The "biopsy needle" design allows the accurate placement decreasing the potential injury of surrounding vital structures (common bile duct, duodenum, vessels). The electrode circulates water internally to cool the tissue adjacent to this, maximizing energy deposition.

Results

Patient	♂, 65y	♀, 74y	♀, 79y	♀, 66y
Symptoms	Painless obstructive jaundice (POJ)	POJ	POJ	Gastric outlet obstruction
CT	Tumor 3 cm (head), vessel infiltration	Tumor 3 cm (head)	Tumor 4,5 cm (head)	Tumor 10 cm (body)
Criteria of inoperability	Superior mesenteric vein obstruction – Positive tumor cytology	Hepatoduodenal lymph node positive in frozen section	Positive cytology, locally advanced tumor High risk patient due to cardiological problems	Locally advanced disease – gastric outlet obstruction
Operation	Biliary-Gastric bypass + RFA (B-G bypass+RFA)	B-G bypass+RFA	B-G bypass+RFA	Gastric bypass + RFA
RFA device and technique	Cool-tip™, two ablations 6 and 7 minutes	Cool-tip™, one ablation, 7 minutes	Cool-tip™, three ablations, 8,2 and 4 minutes	Cool-tip™ Cluster electrode, two ablation, 7 minutes each
Postoperative complications related to RFA	None	None	None	None
Follow - up	15 months	6 months	14 months	7 months
Outcome	Alive without evidence of disease progression (locally or distant)	Alive with progressive disease	Alive without any problem (diabetes, diarrhea, or jaundice)	Alive

Conclusions: RFA of unresectable pancreatic cancer is a safe palliative procedure according to our preliminary results in four patients. Probably in some cases RFA may slow tumor growth resulting in long-term survival, as in one of our patients, who lives 15 months after surgery without evidence of disease progression

70 METACHRONOUS DEVELOPMENT OF PRIMARY PANCREATIC TUMOR AFTER RESECTION OF COLON NEOPLASM: REPORT OF A CASE

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Aims: The purpose of this study is to report the development of pancreatic and colorectal tumor to the same patient and present the relation between these two neoplasms.

Methods: In 2003, a sigmoid tumor was diagnosed in a woman patient, aged 60 years old, presenting with hematochezia and she underwent a sigmoidectomy at the 4th University Surgical Department of Athens. The histological examination of the sigmoid adenocarcinoma classified it, as T3N1M0 according to the AJCC and as stage C according to Dukes classification, so the patient received full adjuvant chemotherapy. 20 months after the first surgical procedure, while she was doing the usual follow-up with a Computed Tomography Scan, a second tumor in the pancreatic tail was diagnosed.

Results: The patient underwent a major surgical procedure, where the body and tail of the pancreas, the spleen and the left kidney were removed as they were infiltrated by the pancreatic tumor. Additionally, a metastatic lesion from the left hepatic lobe was removed. The histopathologic examination of the tumor revealed a Grade III adenocarcinoma which had given metastases to the liver, the spleen and the left kidney.

Conclusions: The metachronous development of primary pancreatic tumor after colorectal cancer to the same patient is very rare and only few cases have been reported. Nevertheless, it seems that the same dietary habits and similar genetic paths such as the K-ras mutations and over expression of p-53 may be involved and further study of the inducing mechanisms should take place.

71 FREQUENCY AND SURVIVAL RATE OF GALLBLADDER CANCER DIAGNOSED AFTER CHOLECYSTECTOMY IN A GREEK COUNTY HOSPITAL

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Gallbladder cancer (GBC) is a relative rare form of malignancy associated with late –and in most cases post-surgery– diagnosis, unsatisfactory treatment and poor prognosis. Five-year survival rates for GBC vary from 0 to 12 %. The incidence rates of GBC in specimens obtaining during cholecystectomy varies according to geographic location and among individual institutions (0.9 – 6 %). The **aim** of this retrospective study was to determine the frequency and survival rate of gallbladder cancer diagnosed after cholecystectomy in our department.

Method: The pathology reports of gallbladder specimens removed during the period from 01/1995 to 12/2004 were reviewed. The operative notes and the files of the patients with the diagnosis of GBC were also reviewed.

Results: Open cholecystectomy was the operative procedure performed between 1995 and 2002 until the introduction of laparoscopic cholecystectomy at our institution. In a total number of 560 gallbladder specimens [male / female: 163 (28%) / 398 (72 %), mean age 59 years] there were 74.5 (1.4 %) patients (7 females / 1 male) with GBC, with a mean age of 74.5 years (57 – 82 y). In 2 cases, as noted in the operative report, the surgeon suspected after the removal and palpation of the gallbladder specimen a GBC. The tumor invasion of the gallbladder wall (according the AJCC 1997) (pT) was as follow: one patient with pT2, 3 patients with pT3 and 4 patients with pT4. Except one patient with the recent diagnosis of GBC (12/2004) all the other patients died within 2 years with the mean survival rate of 10 months after the cholecystectomy. None of the patients had additional resection after the diagnosis of GBC. Our data confirm the sinister reputation of the GBC, a malignancy about which our knowledge remains scant.

72 AN INVESTIGATION OF PRIMARY MALIGNANCIES ASSOCIATED WITH AMPULLARY CARCINOMA

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Background / Aims: As ampullary carcinoma has a favorable prognosis, associated malignancies have potential prognostic significance in these patients. This study focused on the incidence and characteristics of preexisting, coexisting and subsequent malignancies in patients with ampullary carcinoma.

Methodology: Twenty – two cases of ampullary carcinoma were retrospectively identified. Other primary malignancies associated with ampullary carcinoma, occurring in the prediagnostic or postdiagnostic period, were investigated. The postdiagnostic follow-up period ranged from 0 to 13 years.

Results: Other malignancies occurred in six patients (27,2%). The major associated malignancies were colonic carcinoma (n= 4), gastric carcinoma (n=1), and uterine carcinoma (n=1). All lesions were treated surgically or endoscopically. Development of other malignancies was related to age but not to gender, family history, adjuvant chemo/radiotherapy or tumor pathology.

Conclusions: Ampullary carcinoma is associated with a high incidence of other malignancies, particularly colonic and gastric carcinomas. The possibility of associated malignancies should therefore be considered in preoperative screening and postoperative follow-up of patients with ampullary carcinoma.

73 LIVER RESECTION TECHNIQUE USING THE LIGASURE VEESEL SEALING SYSTEM

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A variety of techniques and methods have been reported to control bleeding during the parenchymal division in liver resection. In our report a new technique to transect the liver with minimal intraoperative hemorrhage is presented.

Twelve local liver resections were carried out in eight patients. The LigaSure vessel sealing device was used to transect the liver at the resection plane crushing the parenchyma and sealing the vessels at the same time. Suture ligation was used only to secure the pedicles in order to prevent any late bleeding or bile leakage.

No patient required any blood transfusion intraoperatively and neither developed any postoperative bleeding or bile leakage.

It seems that the LigaSure sealing system can effectively be used in minor liver resections and segmentectomies and that further prospective clinical studies are needed in order to draw statistically reliable conclusions.

74 MALIGNANT GASTROINTESTINAL MELANOMAS OF UNKNOWN ORIGIN. SHOULD BE CONSIDERED AS PRIMARY?

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Objective: The identification of melanomas in the GI tract results in problems relating to their histogenesis and the determination of their primary or secondary nature. Primary mucosal melanomas are rare, arising in head and neck, female genital tract, esophagus, anorectal region and urinary tract.

Materials and Methods: In this study, we present six cases of gastrointestinal melanomas. These melanomas were considered as primitive of the gastrointestinal tract, after thorough investigation for another primary site elsewhere and a constant follow-up after patients' surgical therapy.

Results: Four out of six patients were women; two of them with melanomas located in the small bowel (one case with multiple lesions and the other with three lesions), one at the anorectum and one at the antrum of the stomach. The rest of the patients were men. One was presented with melanoma in the small intestine and the other at the anorectum. A male to female ratio of 1:2 and ages ranged from 45 to 72 yr were observed.

Conclusions: Between 2.2% and 9% of melanomas are considered to be of unknown primitive origin. It remains difficult to formally exclude GI metastases of melanomas, because they can precede the identification of a primary tumor, or cases of spontaneous regression of primary melanoma.

75 CYSTIC PANCREATIC TUMORS.EVALUATION WITH SPIRAL COMPUTED TOMOGRAPHY (SPIRAL CT)

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The purpose of this study is to evaluate the role of CT in detecting cystic tumors of the pancreas and to analyse the specific imaging findings. We present 6 cases of patients (five female, one male, range age 54-82 years) who underwent Spiral CT scan mostly due to symptoms such as abdominal pain and loss of body weight. One of the patients was transferred from the Intensive Care Unit. The examinations were performed with slice thickness of 3-5 mm, before and after intravenous administration of contrast agent. The CT imaging findings were in favour of cystic pancreatic adenocarcinoma in two patients, macrocystic mucinous adenoma in three patients and microcystic serous adenoma in one patient with Von Hippel Lindau disease.

In conclusion, Spiral CT is a valuable imaging method for the detection of cystic pancreatic tumors.

76 COLOSTOMY AND QUALITY OF LIFE: A PROSPECTIVE ANALYSIS IN THESSALY, GREECE

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The colostomy is a common outcome for an operation in large intestine, regardless the cause.

The archives of our department, is the source from which we traced the majority of patients alive, that had an operation due to malignancy, or trauma usually, which concluded to a colostomy.

A questionnaire, a trial to approach the physical, mental and psychiatric prospect of a person with a colostomy, was admitted to them, or to their relatives. Answers were collected and analyzed, so we concluded that

- Males had more problems in accepting the fact they have a colostomy
- Younger patients need more time to accept the colostomy, than aged ones
- People without higher education accept easier and without embarrassment, say that they have a colostomy
- Young patients sometimes "forget" the presence of colostomy
- Patients suffering by a malignancy, accept easier the colostomy
- Most problems associate with appearance and psychology, including depression

All these are evidences that presence of a colostomy is a very difficult option to be accepted at least in this region of Greece and perhaps this is a general fact in Greece.

Cosmetic, functional, and even psychiatric reasons are causes for patients to not compensate with colostomy. The quality of life is poor and subsequently patients and their relatives suffer of psychiatric diseases.

As time relapses, acceptance is more common. Patients find ways to cover the deformity, or even to forget its presence. Hopefully the quality of life will improve as new technology, knowledge and acceptance from society, will change the thinking of having a colostomy.

77 METASTATIC GASTRO-ENTERO-PANCREATIC NEUROENDOCRINE TUMORS AND USE OF LAR-OCTREOTIDE 20MG

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Aim: The aim of the present study was to evaluate the toxicity and activity of LAR-octreotide 20mg administered intramuscularly every 28 days.

Patients and Methods: 8 patients with metastatic gastro-entero-pancreatic neuroendocrine tumors were studied (5 carcinoids, 3 non-functioning endocrine pancreatic tumors) and evaluated, from June 1998 to April 2004. The median age of the patients was 64 years (range 29-82 years). WHO performance status was 0 in all patients. 4 patients were symptomatic, 5 patients had elevated markers and 7 patients had a positive Octreoscan. 20mg LAR-octreotide was administered every 28 days until objective, biochemical or symptomatic progression. Responses were evaluated at 12 months.

Results: All patients were evaluable for objective response and 1 PR, 5 SD and 2 PD. 6 patients were evaluable for biochemical response and 1CR, 1PR and 4 PD were observed. 5 patients were evaluable for symptoms and 3CR, 1PR, 1SD and 1PD were observed. The treatment was well tolerated.

Conclusions: Results suggest that LAR-octreotide 20mg every 4 weeks is an active and safe treatment in patients with metastatic gastro-entero-pancreatic neuroendocrine tumors.

78 ACUTE PRETREATMENT TUMOR LYSIS SYNDROME (PTLS), A RARE MANIFESTATION OF RETROPERITONEAL TUMORS

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Objective: Acute spontaneous tumor lysis syndrome presenting with hyperuricemic acute renal failure is a rare clinical entity requiring prompt recognition and aggressive management. We present two cases of retroperitoneal tumours presenting with abdominal distension and oedema of the lower extremities in which pretreatment tumor lysis syndrome was diagnosed.

Materials and Methods: We report on two patients a female and a male patient aged 22 and 32 respectively, who presented to our department with abdominal distension and oedema of the lower extremities. Radiologic examinations revealed the presence of large retroperitoneal tumours. Acute renal failure complicated early the progression of the disease.

Results: Pathologic diagnosis of the tumours was able with CT guided biopsy. Early recognition of the syndrome and aggressive management resulted in rapid restoration of the renal function in one case while in the female patient delayed recognition of the syndrome resulted in residual renal function impairment.

Conclusion: Acute PTLs presenting with hyperuricemic acute renal failure is a rare cause of acute uric acid nephropathy in patients with bulky or occult neoplastic disorders. Frequent abdominal organ involvement and non-specific initial presentations can obscure the nature of the disease and delay diagnosis. Poor outcomes in patients with PTLs developing acute uric acid nephropathy make early recognition, aggressive management and prompt dialysis mandatory.

79 LIPOMAS OF THE GASTROINTESTINAL TRACT WITH SYNCHRONOUS MALIGNANCY. IS THERE AN ASSOCIATION?

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Objective: To present our institution's experience in gastrointestinal lipomas and to evaluate the possible association of colonic lipomas to colon cancer.

Materials and Methods: We have performed a retrospective analysis of all the patients with gastrointestinal lipoma treated in our department for a period of 15 years. We are presenting patients demographics, location of the lipomas, coexistence with malignancy.

Results: During the last 15 year 31 patients with gastrointestinal lipomas were treated in our department. Male to female ratio was 0.63 (12/19) and the average age was 71.5 years (SD±11.5) while in those patients with synchronous malignancy the male to female ratio was 0.66 (2/3) and the average age was 77 (SD± 3.93) years (p=0.04 t student test). Lipomas were originated in the small intestine in 15% (5) in the ileocecal region in 19% (6) in the ascending colon in 18% (6) in the rectosigmoid 37.5% (12) and in the transverse colon in 2 cases with one case in the mesentery of the right colon.

Conclusions: It is possible that the aging process could result in increased fatty replacement of the submucosal layer and progression to true lipomas. Lipomas are neoplasms with no malignant potential still the possibility of synchronous malignancy cannot be overlooked and should be carefully searched for the elderly people with colonic lipomas.

80 GIST ARISING IN THE RECTUM

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Objective: Presentation of clinical diagnosis, treatment, immunohistochemical characteristics, and survival of rectal stromal tumours treated in our institution during the last 5 years.

Materials and Methods: We are presenting 4 cases of histologically confirmed GIST of the rectum. We detail the demographic and clinical data, the applied surgical treatment and outcome of our patients

Results: The main presenting complaint was rectal bleeding in two cases, obstructed defecation and ileus was reported in one occasion. Rectal examination was positive in 80% of the cases. Surgical excision with negative margins was successful in one case, debulking was performed in two cases and in one case the tumor was inoperable. C-kit was positive in all cases and pathology classified the tumours as high probability for malignancy in 3 cases and low probability in 1 case. With a median follow up of 47.5 (SD±34.45) months all patients are alive. Tumor progression is evident in one patient while treatment with Glivec induced tumor shrinkage in one case and no tumor progression in one other.

Conclusions: While GIST constitutes the majority of mesenchymal tumours in rectum still they rarely occur in this location. Rectal GIST usually show malignant biological behaviour with advanced disease at presentation. Early diagnosis permits radical resection and better prognosis. Following up is mandatory to detect the recurrence timely.

81 PRIMARY SPLENIC ANGIOSARCOMA PRESENTING WITH SPONTANEOUS SPLENIC RUPTURE.

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Objective: Splenic angiosarcoma is a very rare tumor with only about 150 reported cases. A case is presented in which the tumor caused spontaneous rupture of the spleen. Diagnosis of the specific cause was made postoperatively.

Materials and Methods: A young female patient presented to our department with hemorrhagic shock. Immediate laparotomy was carried out and intraoperative findings were that of a ruptured spleen due to tumor infiltration.

Results: Pathology identified the tumor to be a primary angiosarcoma, a very aggressive neoplasm with poor prognosis

Conclusions: We present in detail the clinical, pathological characteristics and management of our case and we review the literature in regard to clinical features, diagnosis and treatment.

82 GIST OF THE LESSER OMENTUM. A VERY RARE LOCATION OF PRIMARY GASTROINTESTINAL STROMAL TUMORS

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Objective: We report a unique case of an S-100 positive primary lesser omental GIST treated in our department and review the characteristics of all lesser omental GISTs reported to date. Only 17 cases of lesser omental GISTs have been ever reported including our case.

Material and Methods: A 57-year old woman with non specific clinical picture consisting mainly from atypical epigastric discomfort was referred to our department for evaluation. CT scan and abdominal MRI revealed a mass in the lesser omentum with no radiological features suggestive of a possible diagnosis. Resection of the neoplasm with negative margins was carried out and pathology demonstrated the tumor to be a GIST.

Results: The patient remains asymptomatic with no recurrences in the following 18 months.

Conclusion: We concluded that lesser omental GISTs represent a rare category of sarcomas that share many common characteristics with their GIT counterparts justifying the common pathological classification. However many pathogenetic, clinical and therapeutic similarities of these tumors remain largely speculative, necessitating further investigation.

83 GASTROINTESTINAL STROMAL TUMORS. A SINGLE INSTITUTION'S EXPERIENCE

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Objectives: The aim of our study is the retrospective evaluation of the clinical, pathological and surgical characteristics of these rare tumors treated in our institution for the past 10 years.

Methods: Our study included 24 patients with histologically proven GIST tumor. We have retrospectively recorded the clinical data, the applied surgical treatment, the immunophenotype characteristics and the outcome of those cases.

Results: Median age of our patients was 60.8 years while male to female ratio was 1/1. The location of the tumors was 58% (14) to the stomach, 16.6% (4) to the small intestine, 16.6% (4) to the rectum while 8% (2) were extra-intestinal GIST. The tumours were classified pathologically as possible malignant in 62.5% (15) while 37.5% (8) were classified as possible benign.

Conclusions: GIST are very rare neoplasms but often show malignant behavior. Surgical excision of the tumor with negative margins is the only potentially curative treatment. Adjuvant chemotherapy has no role in the treatment of primary GIST with no metastasis or residual disease. Long term follow up is required to monitor for recurrences and to further understand the biology of those tumors.

84 CARCINOID TUMORS OF THE GASTROENTERIC APPARATUS. OUR EXPERIENCE IN A GENERAL HOSPITAL

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Objective: To present our experience of carcinoid tumors of the gastroenteric system managed at a first line general hospital. Complex symptomatology and various real time surgical therapeutic modalities are discussed.

Methods: The medical records of all patients who underwent consecutive laparotomies for acute abdomen at General Hospital of Piraeus from 1995 to 2000 were retrospectively analyzed.

Results: During the study period, 625 appendicectomies were performed and, out of these, in 5 (0.8%) cases there were reported carcinoid tumors of the appendix. Three cases who had clinical evidence of acute appendicitis, resulted to have carcinoid tumors of less than 1cm of diameter at the appendix and underwent typical appendicectomies. Two patients complaining for a lower abdominal quadrant pain and at the time of admission referred a chronic right lower quadrant pain, proved to suffer from a carcinoid tumor >2cm of diameter at the base of the appendix with invasion of the mesoappendix and were subjected to a right hemicolectomy. During the same period, 477 emergency laparotomies were performed, in 3 (0.6%) cases, carcinoid tumors were documented. Two patients, at the time of admission were complaining for mesogastric pain and presented with clinical and radiological findings of obstructive ileum. Both patients, after a short period of conservative therapy underwent emergency laparotomies which revealed midgut carcinoid tumors <1cm of size, and for which segmental enterectomies were performed. One patient, who referred chronic mesogastric pain, presented with acute abdomen of lower right quadrum and was subjected to a laparotomy which revealed a carcinoid tumor < 1cm of diameter situated at the body of Meckel's diverticulum and for which a simple diverticulectomy-enterectomy was performed. All patients survived with a five years period of time free from metastases, except for one patient with the invasion of mesoappendix, which despite the more radical surgical approach, developed metastases in the lung one year after the operation and died six months later.

Conclusions: Carcinoid tumors of the gastrointestinal track mostly are found incidentally during emergency laparotomies in general and appendicectomies in particular. Tumor size, its eventual dissemination and general patient's condition, are important factors to be taken into account in the selection of the surgical treatment, especially in emergency surgery where the lack of time and further diagnostic procedures threaten patient's prognosis and life.

85 HIGH DETECTION RATE OF THE CYTOMEGALOVIRUS (CMV) GENOME IN GASTRIC ADENOCARCINOMA TISSUE SAMPLES. A POSSIBLE ROLE IN THE PATHOGENESIS OF THE DISEASE AND THE RELATIONSHIP WITH HELICOBACTER PYLORI (HP)

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Aim: Estimation of possible role of CMV, alone or correlated with HP, in the pathogenesis of gastric adenocarcinoma. 80 non-immunocompromised patients (gastric cancer: 40-premalignant lesions: 40) and 80 individuals with non-endoscopic evident gastric disease (control group), were enrolled in the study. Bioptic specimens were obtained from the malignant and the premalignant lesions, 3cm away from the lesions and from endoscopically healthy mucosa from the patients and the control group. Polymerase chain reaction (PCR) was used to identify the CMV genome. The presence of HP was investigated with CLO-test and histological examination of mucosal gastric samples from the antrum and/or the corpus of the stomach. Multivariate statistical analysis correlated the results with epidemiological parameters which may be involved in the disease's pathogenesis.

The viral genome was detected in 11/40(27.5%) tissue samples from malignant lesions, 15/40(37.5%) samples from premalignant lesions, but in none of the bioptic specimens from endoscopically healthy mucosa either from patients or control group. HP was detected in 15/40(37.5%), 24/40(60%), 37/80(46.2%) of each group respectively. X²-statistical analysis revealed significant difference in the detection rate between the control population and the two patients' groups (p<0.001). No-significant statistical correlation was observed between the detection rate of viral genome and the detection rate of HP in the two examined patients' groups (p=0.999, p=0.317 respectively) and between the detection rate of CMV and the epidemiological parameters involved in gastric carcinogenesis. No-statistically significant difference was noted between the detection rates of HP of the two patients' groups (p=0.074).

Our results indicate a possible role of CMV in gastric adenocarcinoma pathogenesis as independent factor in a patients' subgroup.

86 A RARE CASE OF PRIMARY MALIGNANT RETROPERITONEAL TERATOMA

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Introduction: Primary retroperitoneal teratomas are rare in adults. They are malignant in 25% of cases. This report presents an unusual case of a primary malignant retroperitoneal teratoma.

Case report: A 47-year-old man was admitted to the hospital with the complaints of back pain and discomfort and dullness of the right kidney area. On physical examination, there was a hard and fixed mass with smooth surface related to the right kidney. A CT scan and an MRI revealed a large inhomogeneous mass (13 x 9 x 8 cm) in the right retroperitoneal space. The mass localized behind the inferior vena cava and superiorly was in contact with, the morphologically normal, right adrenal gland. Laparotomy was performed. The mass was found to be unresectable due to its invasion in the inferior vena cava and the right renal vein. A biopsy was obtained which revealed a malignant teratoma. The patient was discharged from the hospital on the seventh postoperative day without any complications. The patient received nine cycles of chemotherapy (cisplatin, vinblastine and bleomycine) which he tolerated well. He was reevaluated on his second admission to the hospital after 6 months. In comparison to the last CT scan there was a small decrease in the size of the mass (10 x 8,5 x 9 cm), which made the surgical team to decide a reexploration of the patient. A complete resection of the tumour was performed. The patient was discharged on the ninth postoperative day and was arranged to receive adjuvant chemotherapy. He died 16 months later due to local recurrence.

Conclusion: Surgery offers the only chance for cure. The tumor has to be resected *en bloc* with any invaded organs. In case residual mass remains in the retroperitoneum, the patient should be offered adjuvant multidrug chemotherapy. If the tumor seems inoperable the patient should be offered neoadjuvant chemotherapy, with the hope that the tumour will shrink, as we present in our report.

87 RETROPERITONEAL METASTATIC NONSEMINOMATOUS GERM CELL TUMOR OF THE TESTES. RESECTION OF A LARGE RESIDUAL RETROPERITONEAL MASS AFTER CHEMOTHERAPY.

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Introduction: This report presents an advanced stage testicular teratocarcinoma (teratoma with foci of embryonal carcinoma) case. The patient underwent a nerve sparing retroperitoneal lymph node dissection that resulted in complete macroscopic resection of the disease.

Case report: A 31 years old man, presented for resection of a retroperitoneal residual mass after receiving chemotherapy for teratocarcinoma of the right testis. The patient was initially evaluated with pain and swelling of the right testis, night sweats, occasional episodes of low grade fever, weight loss and a right supraclavicular lymphadenopathy. He underwent incisional biopsy of the enlarged lymph nodes. The histology was compatible with a metastatic adenocarcinoma of unknown primary site. Following immunochemical staining a teratoma with partially mature elements and foci of embryonal carcinoma was revealed. The patient underwent a right inguinal orchiectomy. The pathological diagnosis was of a mixed germ cell tumor consisting of teratoma with microscopic foci of embryonal carcinoma. The stage of the disease was III with intermediate prognosis (IGCCG criteria). He received three cycles of 5-days BEP and a fourth chemotherapeutic cycle with CDDP and VP16 but without bleomycin. The retroperitoneal lymphadenopathy surrounding aorta and IVC from the level of renal vessels to the bifurcation of aorta and IVC was stable. Thus, surgical resection of the residual mass was advised. The patient underwent a retroperitoneal lymph node dissection that resulted in complete macroscopic resection of the disease.

Conclusion: The therapeutic approach of resecting every postchemotherapy residual mass has proved to be more effective than the alternative approach of intensive follow up and resection if the size of the residual mass increases, due to better 5 year survival rate (89% vs 62%), better 5 year recurrence free rate (83% vs. 56%) and less operative mortality (0.9% vs 1.8%).

88 INDEXES FOR NEOPLASIA IN PATIENTS WITH MALIGNANT DISEASES IN THE KASTORIA PROVINCE IN THE YEAR 2004

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The goal of our study was to monitor the indexes for neoplasia in patients with malignant disease who visited the outpatient clinic of our hospital in the year 2004.

Material- Methods: 196 patients with malignant diseases were examined. Through the correlation of the indexes for neoplasia, we recorded the following: The cancerembryonic antigen CEA, which is used in many malignancies and remains one of the most well-known indexes, recognized as a general cancer index, was found to be increased in malignancies of the respiratory and the gastrointestinal tract.

Combination:

- 1) increased CEA and increased CA 19-9 were found in malignancies of the gastrointestinal tract
- 2) increased CEA and increased CA 153 were found in breast tumors or
- 3) increased CEA and increased CA125 were found in ovary tumors.

Patients with prostate cancer had increased PSA index. In patients with prostate cancer, clinical deterioration was combined with a parallel increase in the PSA concentration in the serum. Serologic investigation was performed with the method of electrochemical diffusion with the Elecsys 2010 HITACHI equipment of ROCHE.

Conclusions: Indexes for neoplasia mainly play a role in the phase of monitoring cancer patients which may include the following:

- 1) evaluation of the surgical removal of the tumor
- 2) check-up for primary tumor, following treatment
- 3) monitoring for possible relapse
- 4) monitoring of the effectiveness of treatment for metastatic disease

Depending on the type of cancer, one or more indexes for neoplasia are selected, they are measured at regular intervals clinically determined and they are evaluated in comparison to baseline values of the indexes for neoplasia in the beginning of the diagnosis, preoperatively or before the beginning of treatment schedule. The patient's condition is considered as substantially changed when at least two sequential measurements of the indexes for neoplasia present the same tendency for change.

89 BENEFIT OF A LONG ACTING OCTREOTIDE TREATMENT IN ADVANCED HEPATOCELLULAR CANCER. A RANDOMIZED PLACEBO-CONTROLLED TRIAL.

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The presence of somatostatin receptors in the liver of some hepatocellular carcinoma (HCC) patients has been well documented. The aim of the present study was to estimate if long acting octreotide (LAR) improves survival and quality of life in patients with advanced HCC.

Patients and Methods: A total of 54 patients with advanced HCC, liver cirrhosis stages A and B due to chronic viral hepatitis B and C and positive for somatostatin receptors scintigraphic findings (increased accumulation of ¹¹¹Indium labeled octreotide in the liver tissue) were randomized to receive either oral placebo (Group A: 22 men, 8 women) or octreotide/octreotide LAR (Group B: 17 men, 7 women) as follows: octreotide 0.5 µg subcutaneously every 8 hours for 6 weeks, at the end of weeks 4-8 octreotide LAR 20 mg intramuscular and at the end of week 12 and every 4 weeks octreotide LAR 30 mg. Follow-up was worked out monthly as well as the estimation of quality of life (QLQ-C30 questionnaire).

Results: A significant higher median survival time ($p < 0.001$) and a 74% ($p < 0.001$) lower hazard of death were observed for Group B. The overall survival time was 27 (19-34) weeks for Group A and 45 (28-72) weeks for Group B. During the first year of follow-up a 39% and 21% decrease in the QLQ-C30 score was observed in each group respectively.

Conclusion: The proposed therapeutic approach has shown to improve the survival and quality of life in advanced HCC somatostatin receptor positive patients.

90 GEMCITABINE AS PALLIATIVE TREATMENT IN PATIENTS WITH UNRESECTABLE PANCREATIC CANCER PREVIOUS TREATED WITH THE PLACEMENT OF A COVERED METAL STENT. A RANDOMIZED CONTROLLED TRIAL

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The aim of the study was to evaluate the efficacy of gemcitabine administration as a palliative treatment in patients with advanced pancreatic cancer previous treated with the placement of a covered metal biliary stent, taking into account the survival and the quality of life (QoL).

Patients and Methods: A total of 49 patients with unresectable pancreatic cancer, previous treated, due to obstructive jaundice, with the placement of a covered metal endoprosthesis were randomized either to receive gemcitabine (Group A: 9M, 7F) or to followed without any anticancer intervention (Group B: 18M, 15F). Gemcitabine was administered as an intravenous 30 min infusion of 1000 mg/m² per week for 3 consecutive weeks followed by a 1-week rest in each cycle of 28 days. QLQ-C30 questionnaire was used for evaluation of QoL.

Results: No statistically significant difference was observed between the two studied groups regarding the survival of patients (Group A: median 21 weeks, range 13-33, Group B: median 22 weeks, range 13-29, $p = 0.809$). According to the average QLQ-C30 score for each patient for all the weeks of follow up Group B presented statistically significant higher values ($p = 0.0001$). Totally 229 doses of gemcitabine were administered with a median of 14.3 doses per patient (range 7-22). Leucocytopenia and neutropenia, grades 1 and 2, thrombocytopenia and anemia were the most common severe toxic side effects in group A (81.25%, 68.75%, 56.25% and 31.25% respectively).

Conclusion: Gemcitabine administration didn't show to improve survival and QoL in patients with advanced pancreatic cancer previous treated with the placement of a covered metallic endoprosthesis due to obstructive jaundice.

91 PRIMARY MALIGNANT ESOPHAGEAL MELANOMA (EM): DIAGNOSTIC AND THERAPEUTIC MANIPULATIONS

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Background: EM is a rare malignant entity. It has been estimated that since its first description in 1964, no more than 300 cases have been described in the international literature. It represents only 0.1% of all malignant esophageal neoplasms.

Aim: To describe the diagnostic and therapeutic manipulations applied in a patient with EM.

Case report: A man aged 65, was admitted to our department because of dysphagia in solid foods during the last two months. Physical examination revealed nothing important. He was a non-smoker and he mentioned no alcoholic consumption. Upper GI barium follow-through showed a feeling defect in the lower third of the esophagus without significant prestenotic dilatation. Upper GI endoscopy revealed the presence of a neoplasm, occupying almost the entire lumen of the esophagus, in an area of at least 5 cm. Passing the endoscope through the stenotic lumen of the esophagus was possible. Histology of samples obtained endoscopically revealed the existence of malignant esophageal melanoma. Immunohistochemical study showed that the malignant cells were negative in pankeratine, keratine 7 and AE3 (epithelial indices) and positive to Vimentin S100, HMB45 and MART1. Computed tomography of the whole body showed a small metastatic lesion in the liver. No lymph-node metastases were evident. Skin examination revealed nothing important. Ophthalmological examination was negative. Combined chemo- and radiation therapy was applied. Chemotherapy consisted of Cisplatin 90mg/m² IV (1st day) and Temodal 150mg/m² tb po (1st and 5th day), every 25 days (3 cycles). However after 4 months, satellite lesions in the esophagus as well as lung and liver metastases, were found. Palliation treatment with Interferon- α 2,3 was unsuccessful. After one month Fotemustine was administered with little benefit. The patient died after 3 more months.

Conclusion: Malignant esophageal melanoma is a rare neoplasm with dismal prognosis. Modern histochemistry can significantly facilitate the correct diagnosis.