

Case Report

The Successful Closure of Jejunostomy in Sigmoid Colon Cancer with Advanced Intra-Abdominal Carcinomatosis Rescued by Cytoreductive Surgery and Systemic Chemotherapy

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Abstract.

Intra-abdominal carcinomatosis with intestinal obstruction is usually a terminal and refractory event. A 52-year-old woman underwent cytoreductive surgery and jejunostomy following a diagnosis of ileus obstruction due to recurrent sigmoid colon adenocarcinoma with advanced intra-abdominal carcinomatosis. She was further treated with biweekly chemotherapy with Oxaliplatin plus 5-FU (FOLFOX regimen). After 4 cycles of treatment of FOLFOX post-operatively, the patient started oral intake with tapered TPN. Despite good oral intake, the patient was dependent on large amount of intravenous fluid at home due to massive fluid loss from jejunostomy. After two more cycles of FOLFOX, and complete abdominal workup indicating good bowel movement, the patient had successful closure of the jejunostomy and became independent of intravenous fluid supplement. Our experience suggested aggressive multi-modality approach may be helpful in this difficult clinical situation. Meanwhile, early closure of enterostomy to assure quality of life in cancer patients is also feasible.

Keywords : sigmoid colon cancer, bowel obstruction, early closure of enterostomy, systemic chemotherapy

病例報告

使用癌細胞縮減手術及全身性化療來治療乙狀結腸癌合併晚期腹腔內轉移擴散進而成功早期關閉空腸造口

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中文摘要

腹腔內轉移擴散合併腸阻塞通常是末期及難以治療的。我們報告了使用癌細胞縮減手術及全身性化療於無法完全切除的大腸癌合併腹腔內擴散的病人上，而成功早期