

VERTEBROPLASTY FOR MANAGEMENT OF METASTATIC SPINAL FRACTURE

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Abstract

Introduction: The aim of this study was to evaluate the success of vertebroplasty in the treatment of metastatic spinal fractures by comparing the clinical features before and after the surgical procedure. The success of the surgery is defined by the increased or reduced intensity of pain using the VAS-scale before and after the treatment. The research is formed as a retrospective-prospective study. The study was conducted on 43 patients, of whom 22 were male and 21 female.

Methods: Data was collected at the Institute for Orthopedics and Traumatology at Clinical Hospital Center Osijek on patients who had spinal fractures caused by metastatic disease and were treated with vertebroplasty. The analyzed data included: gender, age, primary disease, pathohistologically proven metastasis in the vertebral body, localization of the fracture and intensity of pain before and after the treatment (using VAS-scale).

Results: The largest number of patients had fractures of L1 (7/43) and Th11 (7/43) vertebrae. The difference in pain intensity before and after vertebroplasty was statistically significant and it indicated the success of this surgical method. All patients experienced pain before surgery and it was median 8, while after the surgery it was significantly reduced in all patients and it was median 3.

Conclusion: Significant improvement has been recorded in the clinical results of vertebral fractures caused by metastatic disease that were treated by vertebroplasty and it is thus proven that this method of treatment is successful.

Keywords: metastases, surgical treatment, vertebral fracture, vertebroplasty

RAZLIKA U VREMENU DO POJAVE RECIDIVA ILI PRESADNICA KOD BOLESNIKA LIJEČENIH ZBOG KOLOREKTALNOG KARCINOMA OVISNO O SMJEŠTAJU U LIJEVOM ILI DESNOM KOLONU

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Sažetak

Uvod: Utvrditi razliku u vremenu do pojave recidiva ili presadnica kod bolesnika liječenih zbog kolorektalnog karcinoma ovisno o smještaju u lijevom ili desnom kolonu u pacijenata liječenih na Zavodu za onkologiju, KBC-a Osijek od 2010. do 2012., uključujući i 2012. Povijesno prospektivna studija

Metode: U istraživanje su uključeni ispitanici čiji su podatci uzeti iz arhive medicinske dokumentacije Zavoda za onkologiju KBC-a Osijek, podatci o smrti pacijenata preuzeti su od nadležnog Matičnog ureda Republike Hrvatske.

Rezultati: U istraživanje je uključeno 272 pacijenta, od kojih je 160 (58,8 %) muškaraca i 112 (41,2 %) žena. Prema lokalizaciji, lijevostrani tumor kolona ima 211 (77,6 %) bolesnika, a desnostrani njih 61 (22,4 %). Središnja vrijednost dobi (medijan) je 67 godina. Značajno su veći u promjeru desni tumori kolona, medijana 6 cm, kao i broj pregledanih limfnih čvorova, medijana 16. Medijan vremena do pojave metastaza iznosi 20 mjeseci (interkvartilnog raspona 8 do 29 mjeseci). Vrijeme je značajnije kraće kod desnih tumora kolona. Pozitivan ishod liječenja imalo je 205 (75,4 %) bolesnika, bez značajne razlike u odnosu na lokalizaciju tumora kolona. Kaplan – Meierovom analizom preživljenja promatranih bolesnika podijeljenih prema lokalizaciji, dobiveno je petogodišnje ukupno preživljenje 72 % u odnosu na 62 % kod bolesnika koji su imali lijevi kolorektalni tumor.

Zaključak: U ovom istraživanju potvrđeno je da postoji razlika u kolorektalnom karcinomu s obzirom na njegovu položaj. Pacijenti s desnim kolorektalnim karcinomom stariji su, kolorektalni karcinomi veći su u promjeru, vrijeme do pojave presadnica ili recidiva manje je te je petogodišnje preživljavanje manje.

Ključne riječi: kolorektalni karcinom, onkologija, kolon

THE DIFFERENCE IN TIME UNTIL THE APPEARANCE OF RECIDIVE OR METASTASIS MANIFESTATION AT PATIENTS CURED AGAINST COLORECTAL CANCER DEPENDING ON THE POSITION IN THE LEFT OR RIGHT COLON

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Abstract

Introduction: The purpose of the study was to determine the difference in time until the appearance of relapse or metastases in patients treated for colorectal cancer, depending on the location of the tumor in the left or right colon at the Oncology Clinic of Clinical Medical Centre Osijek between 2010 and 2012, including 2012.

Methods: Study includes respondents whose data were taken from medical archive at the Oncology Clinic of Clinical Medical Centre Osijek. The data on patients' deaths were taken from the Registry Office of the Republic of Croatia.

Results: The study included 272 patients, 160 (58.8%) men and 112 (41.2%) women. According to the location, left sided colon tumor was discovered in 211 (77.6%) patients and right-sided in 61 (22.4%). The median age of patients was 67 years. Right-sided colon tumors are considerably larger with median diameter of 6 cm, as well as the number of lymph nodes, with median number of 16 cm. Median of time until the appearance of the metastases is 20 months (interquartile range is from 8 to 29 months); marked time being shorter in right-sided colon tumors. Positive outcome of the treatment was achieved in 205 (75.4%) patients, with no significant difference in comparison to the colon cancer localization. By using Kaplan-Meier analysis of patients' survival rates, a total 5- year survival rate of 72% was achieved in right-sided colon tumor in comparison to 62% in patients with the left-sided colon tumor.

Conclusion: This study confirms that there is a difference in colorectal cancer according to its location. Patients with right-sided colorectal cancer are older, the carcinoma is larger, the time until the appearance of a relapse or a metastases is shorter and 5-year survival rate is lower.

Keywords: colorectal cancer, oncology, colon

PROCJENA NUTRITIVNOG STATUSA OBOLJELIH OD RAKA DEBELOG CRIJEVA LIJEČENIH U ODJELU INTERNISTIČKE ONKOLOGIJE KLINIKE ZA TUMORE

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Uvod: Pretilost, izražena indeksom tjelesne mase (BMI „body mass index“) većim od 30 kg/m², utvrđeni je čimbenik rizika za razvoj raka debelog crijeva. Nenamjerni gubitak na tjelesnoj masi jedan je od simptoma raka debelog crijeva i neprepoznat može dovesti do kaheksije, povezane s lošijim ishodom sustavne antineoplastične terapije i lošijom kvalitetom života bolesnika.

Cilj: Cilj ovog rada je procijeniti nutritivni status oboljelih od raka debelog crijeva liječenih u Odjelu internističke onkologije Klinike za tumore služeći se upitnikom procjene nutritivnog rizika NRS 2002.

Metode: Retrospektivno smo analizirali nutritivni status 175 bolesnika koji su od svibnja 2016. do svibnja 2018. započeli sustavno antineoplastično liječenje raka debelog crijeva u Odjelu internističke onkologije Klinike za tumore. Nizak nutritivni rizik definiran je rezultatom 0-2, a visoki nutritivni rizik definiran je rezultatom 3 ili više. U analizu je bilo uključeno 106 muškaraca i 71 žena, prosječne životne dobi 62 godine.

Rezultati: Većina bolesnika koji su započeli sustavno liječenje raka debelog crijeva u analiziranom razdoblju bila je niskog nutritivnog rizika, 122 (70%) bolesnika. Visok nutritivni rizik opažen je u 53 (30%) bolesnika, u 11 (37%) bolesnika liječenih zbog ranog raka debelog crijeva i 42 (29%) bolesnika liječenih zbog proširenog raka debelog crijeva. Većina bolesnika bila je prekomjernog indeksa tjelesne mase (BMI > 25 kg/m²) i u toj skupini bolesnika,