



RESULTS OF SURGICAL TREATMENT OF PATIENTS WITH METASTATIC LUNG LESION

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SUMMARY

An analysis of the long-term results of treatment of 73 patients with metastases of malignant tumors in the lungs was carried out. The feasibility of surgical removal of metastases from the lungs in this pathology was assessed. The choice of treatment method for patients with lung metastases depends on the nature of the primary tumor, the radicalism of previous treatment, and the volume of tumor lesions in the lung. The effectiveness of surgical and complex treatment of patients with metastases in the lungs has been proven.

KEYWORDS. *Metastases, lungs, lobectomy, cancer.*

RELEVANCE

A significant place in the frequency of metastatic lesions in malignant neoplasms of various localizations is occupied by the lungs; during the initial examination, metastases in the lungs are found in 6-15% of patients with malignant tumors. After treatment, as the process progresses, as a rule, in most cases, metastases are detected in the lungs. In this regard, there was a need to systematize metastatic processes in the lungs and develop indications for surgical and complex treatment. Tumor metastasis is one of the most important problems of modern oncology. The term "metastasis" was first introduced by Recamier in 1829. Metastasis (from the Greek metastasis - movement) of malignant tumors to the lungs obeys general patterns, studied in detail in experiments and oncology clinics and, together with autonomous growth and invasiveness, is a sign of tumor progression. The main route of metastasis to the lungs is hematogenous [1, 3, 4].

Metastases in the lungs are detected during the initial examination or at various times after treatment of malignant neoplasms in 6-30% of patients with tumors of any location [4, 5, 7]. The frequency of metastasis to the lungs of primary tumors of various locations varies widely.

Clinical manifestations of metastatic lesions of the lungs are scant, since in most cases metastases are located in the mantle zone of the lung. In approximately 70% of patients, the disease is asymptomatic, so a tumor in the lung is detected accidentally during an X-ray examination or during follow-up. Only with germination of the visceral pleura, chest wall or bronchus do clinical symptoms appear (cough, chest pain, hemoptysis, shortness of breath, increased body temperature) [3, 5].

Patients who have undergone treatment for cancer of various locations are under clinical observation, the purpose of which is to monitor the treatment, timely detection of relapse and progression of the disease. In addition to general clinical examination methods, standard radiography in 2 projections, tomography, polypositional fluoroscopy, spiral computed tomography (CT) of the chest organs, bronchoscopy, ultrasound examination of the abdominal organs, pelvis, peripheral lymph nodes, and, if necessary, CT scan of the abdominal organs are used, brain, scintigraphy of skeletal bones, esophagus, gastro- or colonoscopy. A set of diagnostic methods makes it possible to identify a relapse of the primary tumor, clarify the location of metastases and their number in the lung parenchyma. Currently, computed tomography is a mandatory method of examining this group of patients. PET CT is being intensively introduced into clinical practice. The choice of treatment method for patients with metastases in the lungs depends on the location and histological structure of the primary tumor, the nature of the previous treatment and its effectiveness, the timing of detection of metastases after the end of treatment of the primary tumor, the number and location of metastases in the lung, and the condition of the intrathoracic lymph nodes. In clinical practice, pulmonary metastases Trakhtenberg A.Kh., Chissov V.I. (2000) are divided into 3 groups:

1. Metastases sensitive to drug antitumor treatment (malignant testicular tumors, osteogenic sarcoma, chorionepthelioma);
2. Metastases that are almost completely resistant to the specified treatment (melanoma, chondrosarcoma, colon cancer, squamous cell carcinoma of the cervix);
3. Metastases of tumors of all other localizations, i.e. intermediate in sensitivity between the first and second groups (breast cancer, well-differentiated endometrial cancer, etc.).

For metastases of tumors of the first and third groups, it is advisable to begin treatment with chemotherapy, hormonal, and immunotherapy, and for metastases of the second group, the method of choice is surgery.



The Goal of the work is to improve the results of surgical and complex treatment of patients with metastases of malignant tumors in the lungs.

MATERIALS AND METHODS OF RESEARCH

In the department of tumors of the thoracic cavity organs, surgical and complex treatment was carried out on 239 patients with metastases of malignant tumors in the lungs. The criteria for selecting patients for surgical treatment of metastases from the lungs were radical surgical removal of the primary tumor; localization of metastases in the lungs without affecting other organs; carrying out neoadjuvant chemotherapy as indicated to achieve partial regression or stabilization of the process (depending on the histological structure and sensitivity of the tumor to chemotherapy); the risk of surgical intervention should be high (taking into account the sufficient functional reserve of the remaining part of the lungs). The optimal operations for removing lung metastases were economical resections (atypical, marginal), less often - lobectomies ; pneumonectomy for metastatic lesions of the lungs is not advisable.

RESULTS

According to the cancer registry of the National Cancer Institute, an analysis of the actual 5-year survival rate of patients was carried out. The best results were obtained in surgical and complex treatment of patients with metastases in the lungs of malignant tumors of the uterus and ovary - 44.3%, kidney - 30.7%, breast - 26.9%, soft tissue - 30.0% and bones - 21.6%. In patients with cancer of the rectum, colon and lungs, these indicators are worse and are, respectively, 15.5; 14.6 and 12.5%.

CONCLUSION

The results of the study allow us to conclude that it is advisable to remove metastases from the lungs to improve the results of treatment of patients with malignant tumors of various locations.

of videothoracoscopy into clinical practice expands the possibilities of surgical treatment of metastases. The combination of high information content and low invasiveness of the intervention made it possible to expand the number of patients subject to surgical treatment.

Videothoracoscopy for metastatic lesions of the lung is diagnostic, clarifying and therapeutic . treatment (hormone therapy, PCT, targeted therapy).

LITERATURE

1. Atanasyan L.A., Rybakova N.I., Poddubny B.K. *Metastatic lung tumors*. - M., 1977. - 182 p.
2. Aitakov Z.N., Kazakova V.A., Zelener S.V., Petrusevich I.D., Supruy Yu.B. *Surgical treatment of metastatic lung tumors // Surgery*. - 1986. - No. 9. - P. 9-21.
3. Trakhtenberg A.Kh., Chissov V.I. *Metastatic lung tumors, in the book: Clinical oncopulmonology* . - M., 2000. - P. 543-557.
4. Davydov M.I., Matveev V.B., Polotsky B.E., Matveev B.P., Nosov D.A. *Surgical treatment of cancer metastases to the lungs // Ross . o oncologist. magazine*. - 2003. - No. 4. - P. 15-19.
5. Potanin V.P., Konovnin O.I., Khalilov I.D., Krasin V.V., Potanin A.V., Seagal R.E. *Surgical treatment of metastases in the lungs // Proceedings of the IX Republican Oncology Conference*. - Kazan, 2002. - T. 6. - P. 85-89.
6. Bezzi M., Forte A., Nasti G. et al. *Surgical treatment of lung metastasis: experience with 108 cases // G. Chir* . - 2003. - Vol. 24, No. 1. - P. 351-356.
7. Eichfeld U., Dietrich A., Ott R., Kloeppe R. *VideoAssisted Thoracoscopic Surgery for Pulmonary Nodules After Computed Tomography-Guided Marking With a Spiral Wire // Ann. Thorac . Surg* . - 2005. - Vol . 79, No. 1. - P. 313-316.