

# PROSPECTIVE STUDY TO ASSESS THE ROLE OF DIAGNOSTIC LAPAROSCOPY AND SPECIAL EMPHASIS ON STAGING IN PATIENTS WITH INTRAABDOMINAL MALIGNANCY

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## BACKGROUND

Diagnostic laparoscopy(DL) has become an important tool in the evaluation of patients with certain gastrointestinal malignancies who are being considered for curative resection. Many patients with GI cancers present with locally advanced or metastatic disease and therefore accurate staging assists in the appropriate treatment selection for cure or palliation.

## AIM

Prospective study to **assess the value of diagnostic laparoscopy(DL) in patients with intra abdominal malignancy** & understand the role of laparoscopy in assessing diagnosis and extent of disease, staging of intra-abdominal malignancies complementary to radiological investigations and deciding treatment plans (curative, neo-adjuvant or palliative) and to avoid unnecessary interventions.

## METHODS

### INCLUSION CRITERIA:- (n=35)

- Patient age >18 year
- Histologically proven intraabdominal malignancy
- Clinically & radiologically suspected malignancies requiring surgery (laparotomy )
- The patients with suspected or known non-metastatic GI cancers in which Resectability was found doubtful by clinical assessment and pre-operative imaging were included.

### EXCLUSION CRITERIA:-

- Stage-IV disease on imaging
- Cases not resectable on imaging
- Hepatic and pancreatic malignancy
- Patients with non-GIT cancers
- Patient not fit for general anesthesia.

## CONCLUSION

DL is a well-known tool for staging of GI malignancies.

- a) It can reduce the number of unnecessary laparotomies in cases resectable on radiology that are found irresectable on laparotomy.
- b) It can aid in diagnosis of uncertain malignancies in which image guided biopsy is not recommended in operable disease on radiology (e.g. gall bladder malignancy).
- c) It also helps to prove metastatic disease by taking biopsy from peritoneal nodules, or liver nodules along with avoiding a morbid unnecessary laparotomy
- d) Ascitic fluid study in cases of non tapable ascites can be done for malignant cytology.

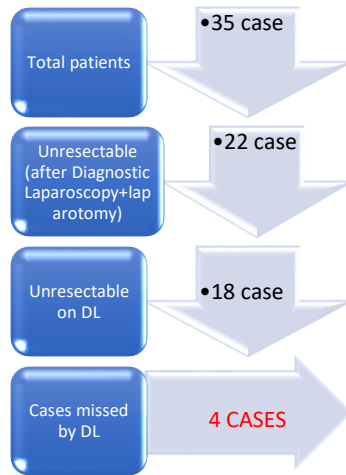
## RESULTS

### Preoperative radiological assessment

Resectability	Number(n)	Percentage (%)
Resectable	29	82.9
Uncertain	6	17.1
Total	35	100

### Resectability of primary tumor on DL assessment

Resectability	Number	Percentage %
Resectable	15	42.9
Un-resectable	18	51.4
Uncertain	2	5.7
Total	35	100



Test of proportion showed that Diagnostic laparoscopy(DL) detected significantly higher proportion of unresectable primary tumors compared to radiological (Z=3.7; p<0.05) .DL has diagnosed all the patients with metastasis i.e.14 case, while radiology identified only suspicion of 6 cases preoperatively

## REFERENCE

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