

C13

Extensive Retroperitoneal Carcinoid Involving the Mesenteric Vasculature Does Not Preclude Effective Cytoreduction

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Summary Background Data: Traditionally, carcinoid tumors and their associated fibrosis have usually been considered unresectable when they encase the mesenteric vasculature. We hypothesized that carcinoid tumors with mesenteric vascular involvement (MVI) could be successfully and safely resected in an effort to maximize surgical cytoreduction in patients with locally advanced disease.

Methods: We reviewed the medical records of carcinoid patients who underwent cytoreductive surgery from January 2001 to June 2008 by our group.

Results: Forty five patients underwent surgical decompression of MVI and their outcomes were compared to 35 surgical patients who underwent cytoreduction but did not demonstrate MVI (control). The majority of patients (83-100%) in the control and MVI group experienced significant symptom relief following operation. A greater percentage of control patients vs. MVI patients had previous tumor explorations (60% versus 35.6%; $p = 0.0296$). No significant differences in the two groups were found with respect to post operative weight change, narcotic usage, surgical complications, or length of hospital stay. The survival curve of the MVI group did not differ significantly from the control group (median survival times = 392 and 484 days, respectively; $p = 0.9437$). Surgeons are often reluctant to explore patients with MVI.

Conclusions: Resection of metastatic carcinoid in patients with MVI effectively alleviates symptoms with no appreciable increase in morbidity or mortality rates. Tumor-derived MVI should be resected when encountered in patients with carcinoid, and the presence of MVI alone should not preclude carcinoid patients from undergoing cytoreductive surgery.