P–01; CYTOLOGICAL RESEARCH OF THORACIC DUCT LYMPH IN PATIENTS WITH CANCER OF STOMACH
Kamil F. Abdurahmanov
Tashkent Institute of Postgraduate Medical Education, Tashkent, Uzbekistan

Materials and Methods: Drainage of thoracic duct was made in 76 patients on the eve of surgical operation for cancer of stomach by the methodology which was adopted in our clinic. To detect cancer cells lymph examination was performed after catheterization of the thoracic duct.

Separate portions of lymph were examined first before lancing of abdominal cavity, during manipulation on stomach which was target affected by tumor, during its excision and during the process of lymphosorption.

Results: There were no elements of tumor found during examination of lymph taken before lancing of abdominal cavity.

Cancer cells, which were pathomorphologically identical to initial primary lesion have been detected in lymph portions taken during manipulation on target affected stomach (gastrectomy – 12, subtotal stomach resection – 16) and immediately after manipulation.

Therefore mechanical factor plays a specific role in appearance of cancer cells from primary cancer centre in thoracic duct particularly during manipulation on organ affected by cancer process.

During cytological examination of smear of lymph, lymphoid elements, cancer cells were located in the form of complexes and groups, distinguished by their size considerably exceeding the size of lymphocytes and characterised by polymorphism.

During cytological examination of lymph in patients with stomach cancer, cancer cells have been detected in 25 people (33,0%), with 13 (17,1%) in phase II and III of the disease and 12 people (15,7%) classified as phase IV. In 8 (10,5%) cases cancer cells have been detected in highly differentiated primary tumor and in 17 patients (22,3%) in low differentiated tumor.

Conclusion: Preventive drainage of thoracic duct and external abstraction of lymph averts early postoperative metastasizing which can improve the immediate results.