

Acute abdomen in the postoperative period after cytoreductive surgery - case report

W.A.A. Tjalma, P. Elst, F. Ahankour

1st Department of Gynecology and Gynecological Oncology, University Hospital Antwerps, Edegem (Belgium)

Summary

Optimal cytoreductive surgery is essential in the treatment of ovarian cancer. Unfortunately many patients do not receive optimal treatment, despite numerous guidelines. The survival of patients receiving optimal surgery is twice the survival of patients receiving suboptimal surgery. There is no difference in complication rates between optimal and non-optimal surgery. An estimated 10% of the operated patients will have some kind of treatment-related morbidity. One of the most serious complications is acute abdomen in the postoperative period. Despite a long list of life-threatening situations there is sometimes also the unexpected complication, such as forgotten pain medication.

Key words: Ovarian cancer; Acute abdomen; Postoperative; Optimal surgery.

Introduction

Optimal cytoreductive surgery (no macroscopic disease) is the keystone in the treatment of ovarian cancer. In Stage III and IV about 30 to 50% do receive optimal surgery. Optimal debulking can be achieved in experienced hands in 70 to 90% and in inexperienced hands between 30 and 40%. There is a good quality of evidence to support a six to nine months median survival benefit for patients operated on by a gynecologic oncologist rather than a general gynecologist and/or general surgeon (p values 0.009 - 0.01) [1]. Almost 10% of women will experience intraoperative or postoperative procedural complications during their surgical treatment [2]. One of the most serious complications is acute abdomen. The most critical period for a patient is the first 72 hours after surgery.

Case Report

Recently a 54-year-old patient underwent radical cytoreductive surgery for advanced ovarian cancer. Except for her ovarian cancer she was a healthy woman with no medical history. She received patient-controlled analgesia (PCA pump) for postoperative pain relief. Almost 36 hours after the surgical procedure the patient complained of upper abdominal pain.

On examination the abdomen was painful. At that point the patient still had her PCA pump. The pain slowly started to increase and the differential diagnoses included perforation of the stomach, pancreatitis, pulmonary emboli, and cardiac infarct. Blood examination was within normal limits for radical surgery. Based on X-ray of the abdomen there were no signs of stomach or bowel perforation. There were also no signs of any fluid collection. Computed tomography (CT) was also within normal limits. Nevertheless the clinical tableaux became worse. At this point there was no clear clinical reason. By exclusion it was suspected that there could be bowel strangulation or a thrombus in the mesenteric vessels. The patient developed more pain and had difficulties breathing. Because of the

increased pain and the clinical signs of acute abdomen an explorative laparotomy seemed necessary. Due to the unexplained cause all medications were also checked and revealed that there was no medication in the PCA pump. This was rather surprising. New medication via the PCA pump was given to the patient and she immediately felt pain relief with the disappearance of the signs of acute abdomen.

Discussion

Signs of acute abdomen in the immediate postoperative period are very uncomfortable and related to a high degree of morbidity. Postoperatively there should be precise monitoring of the heart, renal and respiratory system in order to have valuable information about the patient's condition. It is also important to give appropriate prophylaxis to guard against venous thrombosis. In only a few surgical studies have postoperative complications after radical surgery been mentioned. There appears to be no difference between a specialist and a non-specialist hospital [3, 4], even though more extensive surgery is performed in specialist hospitals.

Almost 50% of the patients with ovarian cancer will die of their disease. The cure rate can only improve if patients receive the recommended optimal treatment as written in the guidelines. In the industrialized world there are many good guidelines for the treatment of ovarian cancer. However, many women with ovarian cancer do not receive the recommended surgical procedures [2], which reduces their chances of survival significantly. One of the reasons could be that many physicians are concerned that the extensive surgical procedures could lead to increased morbidity. Complication rates are however not significantly different between health systems that provided more extensive surgery and those that did not [2]. An estimated 10% will experience some kind of procedure-related complication. This communication was written to highlight that in addition to the numerous life-threatening situations associated with acute abdomen, there is also the possibility of forgotten medication.

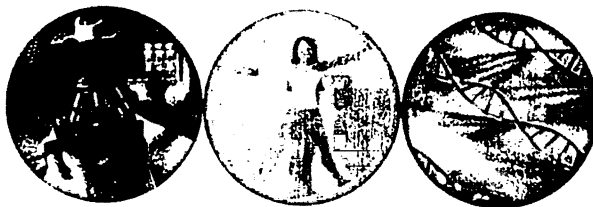
Revised manuscript accepted for publication March 30, 2007

References

- [1] Giede K.C., Kieser K., Dodge J., Rosen B.: "Who should operate on patients with ovarian cancer? An evidence-based review". *Gynecol. Oncol.*, 2005, 99, 447.
- [2] Goff B.A., Matthews B.J., Wynn M., Muntz H.G., Lishner D.M., Baldwin L.M.: "Ovarian cancer: patterns of surgical care across the United States". *Gynecol. Oncol.*, 2006, 103, 383.
- [3] Earle C.C., Schrag D., Neville B.A., Yabroff K.R., Topor M., Fahey A. *et al.*: "Effect of surgeon specialty on processes of care and outcomes for ovarian cancer patients". *J. Natl. Cancer Inst.*, 2006, 98, 172.
- [4] Schrag D., Earle C., Xu F., Panageas K.S., Yabroff K.R., Bristow R.E.: "Associations between hospital and surgeon procedure volumes and patient outcomes after ovarian cancer resection". *J. Natl. Cancer Inst.*, 2006, 98, 163.

Address reprint requests to:
W.A.A. TJALMA, M.D., Ph.D.
Dept. of Gynecology and Gynecological Oncology
University Hospital Antwerp Wilrijkstraat 10
2650 Edegem (Antwerpen)
(Belgium)

SOCIETY OF GYNECOLOGIC ONCOLOGISTS 39th Annual Meeting on Women/s Cancert™



SCIENTIFIC INNOVATION Pathway to progress in women's cancer

March 9-12, 2008
Tampa Convention Center - Tampa, Florida
e-mail: at_sgo@sgo.org