

# TRAITEMENT CHIRURGICAL DES CANCERS DIGESTIFS

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DR. Mathieu BECK

RESEAU ONCOLOR

# INTRODUCTION

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## □ FREQUENCE

Les plus fréquents (frq. cumulée)

## □ PRONOSTIC

Très variable d'un cancer à l'autre

Exemples: c. colorectaux 40%, pancréas 3%

## □ TRAITEMENT

Chirurgical avant tout

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# PLAN

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## □ GENERALITES

- **Place de la chirurgie**
- Principes du traitement chirurgical
- Suites

## □ LES DIFFERENTES LOCALISATIONS

## □ RECIDIVES ET METASTASES

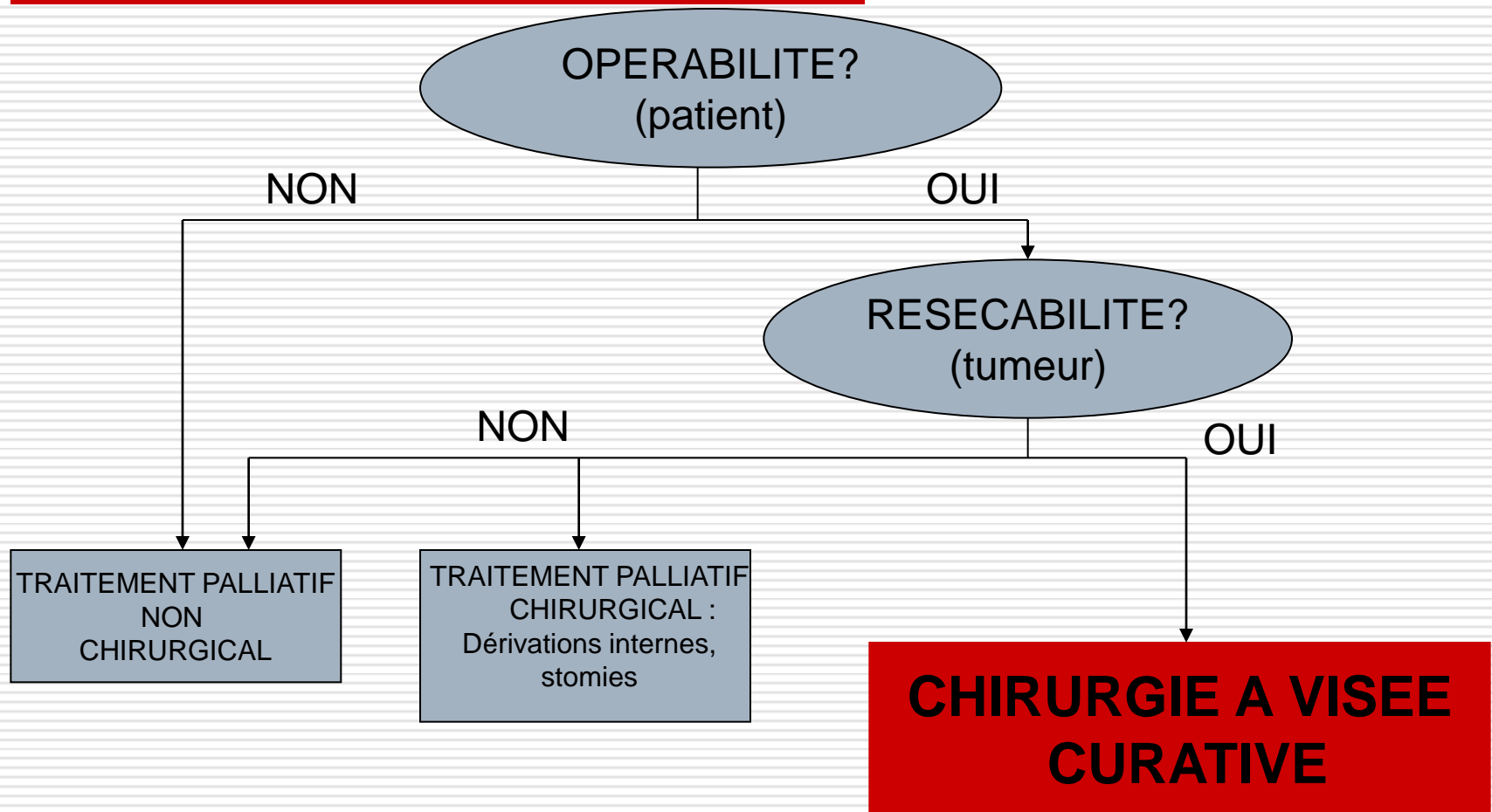
## □ FILMS

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# GENERALITES

## PLACE DE LA CHIRURGIE

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# GENERALITES

## PLACE DE LA CHIRURGIE

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### □ PATIENTS METASTATIQUES D'EMBLEE: METASTASES SYNCHRONES

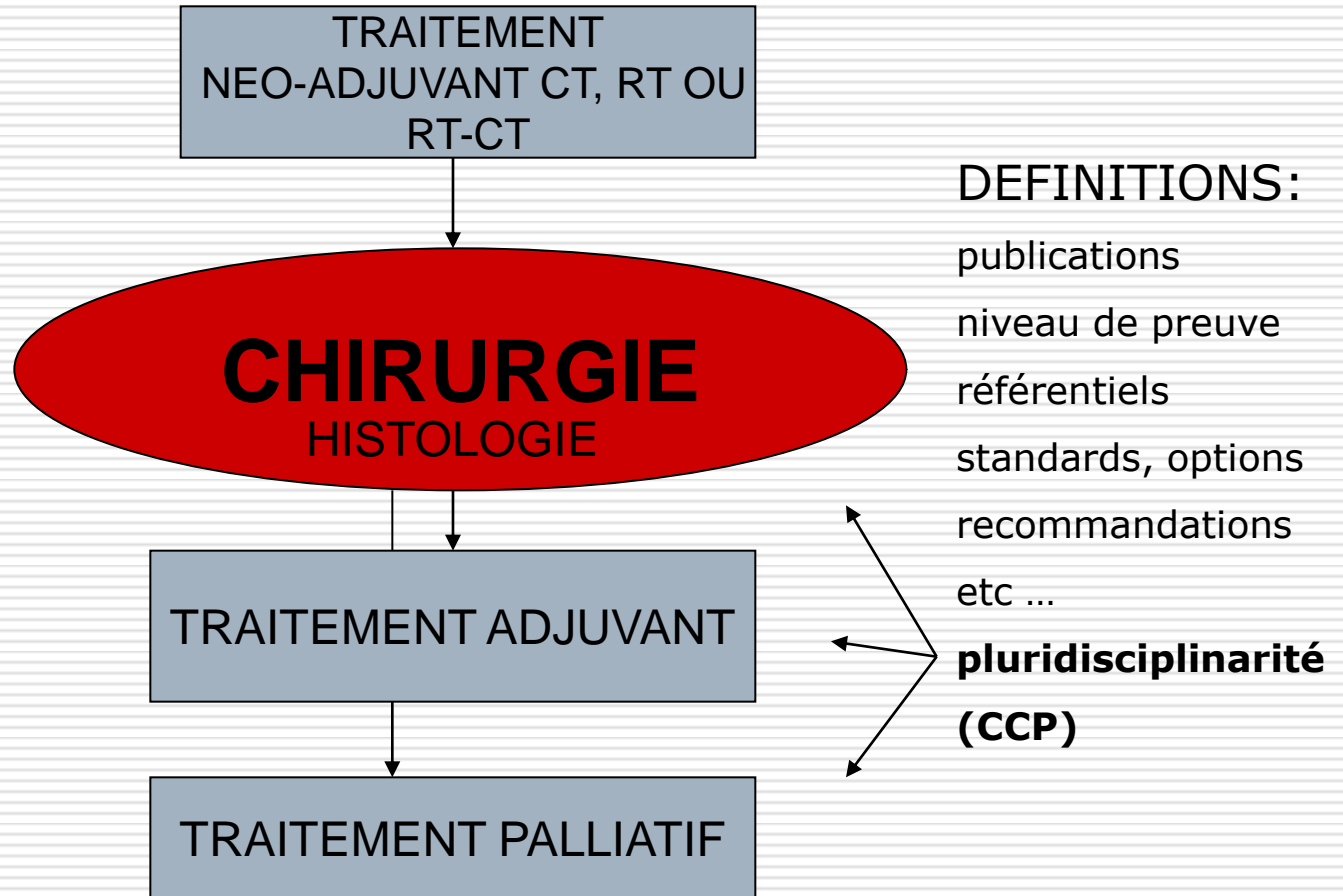
Nombreux paramètres:

- EG
  - espoir de résécabilité?
  - cancer symptomatique?
- résection, dérivation, chimio. palliative
-

# GENERALITES

## PLACE DE LA CHIRURGIE

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# PLAN

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## □ FILMS

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# GENERALITES

## VOIES D' ABORD

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### LAPAROTOMIES

Médianes ou transversales

### COELIOSCOPIE

Controversée, évaluation en cours

### VOIES NATURELLES

Exceptionnellement (ex: rectum)

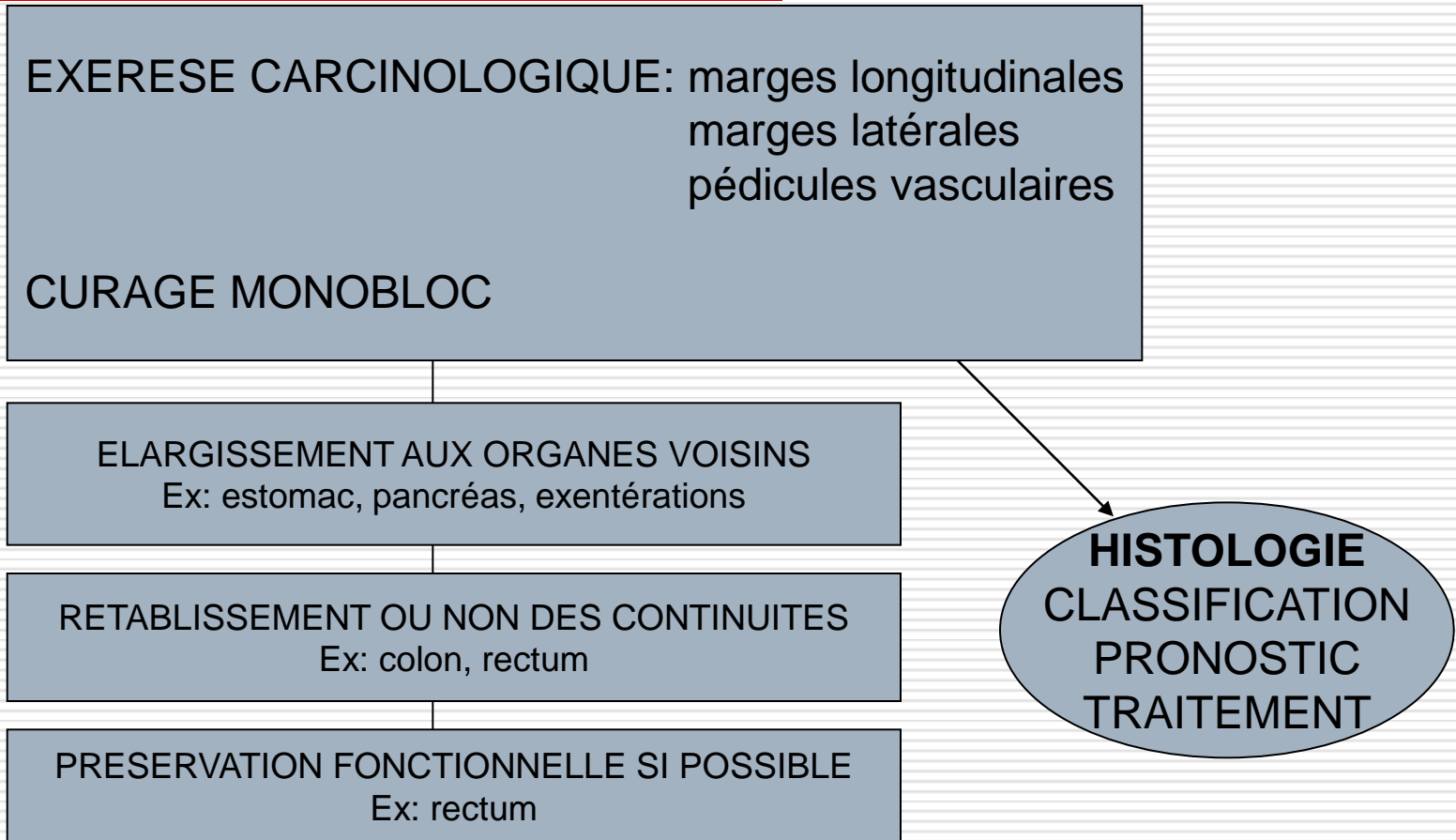
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# GENERALITES

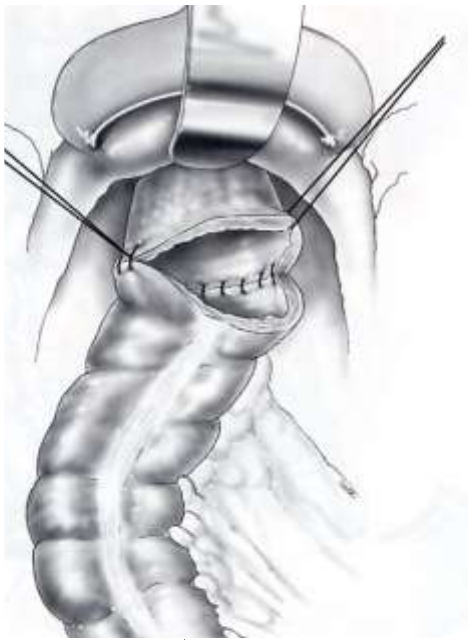
## PRINCIPES TECHNIQUES

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# LES ANASTOMOSES

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ANASTOMOSE MANUELLE



ANASTOMOSE MECANIQUE →

# PLAN

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## □ FILMS

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# GENERALITES

## SURVEILLANCE POST-OPERATOIRE

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- |  |          |   |
|--|----------|---|
| <p>□ PLAIE OPERATOIRE</p> <ul style="list-style-type: none"><li>- fils, agrafes...</li></ul>   | <p>→</p> | <p><b>ECOULEMENTS</b></p> <ul style="list-style-type: none"><li>- sang, sérosités (≠ suppuration)</li><li>- lymphe</li><li>- pus</li><li>- urines</li><li>- gaz, selles</li><li>- bile, suc pancréatique...</li></ul> |
| <p>□ DRAINAGES</p> <ul style="list-style-type: none"><li>- drains tubulaires (redon)</li><li>- lames</li><li>- mèches</li></ul>                                | <p>→</p> |   |
| <p>□ STOMIES</p> <ul style="list-style-type: none"><li>- terminales ou latérales</li><li>- iléo- ou colostomies</li><li>- temporaires ou définitives</li></ul> |          |   |
-

# GENERALITES

## SURVEILLANCE POST-OPERATOIRE

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SONDES GASTRIQUES

SONDES URINAIRES

REALIMENTATION

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# COMPLICATIONS POST-OPERATOIRES

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- NON SPECIFIQUES
  - cardiaques, respiratoires, etc...
  - embolie pulmonaire
  
- SPECIFIQUES
  - paroi abdominale
    - . hématomes, suppurations
    - . désunion, éviscération
  - cavité péritonéale
    - . hémorragie interne (hémopéritoine)
    - . fistule+/-péritonite
    - . autres plaies viscérales
  - tube digestif
    - . hématomèse, méléna
    - . occlusion

} **signaler tout**  
**écoulement anormal!**

***REINTERVENTION SI BESOIN***

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# COMPLICATIONS POST-OPERATOIRES

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CAS PARTICULIER PROPRE A LA CHIRURGIE DIGESTIVE:

**fistule anastomotique** = complication la plus fréquente et grave; risque vital+++

=traitement :

- . abstention si bonne tolérance
- . réintervention + drainage +/- mise à la peau ou stomie d'amont

**NE JAMAIS SOUS-ESTIMER LES RISQUES DE LA CHIRURGIE DIGESTIVE !**

**PREVENIR LES PATIENTS ET LEUR ENTOURAGE !**

# PLAN

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## □ RECIDIVES ET METASTASES

## □ FILMS

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# LES DIFFERENTES LOCALISATIONS

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- COLON**
  - RECTUM
  - ESTOMAC
  - ŒSOPHAGE
  - PANCREAS
  - FOIE
  - AUTRES
-

# LE CANCER COLIQUE

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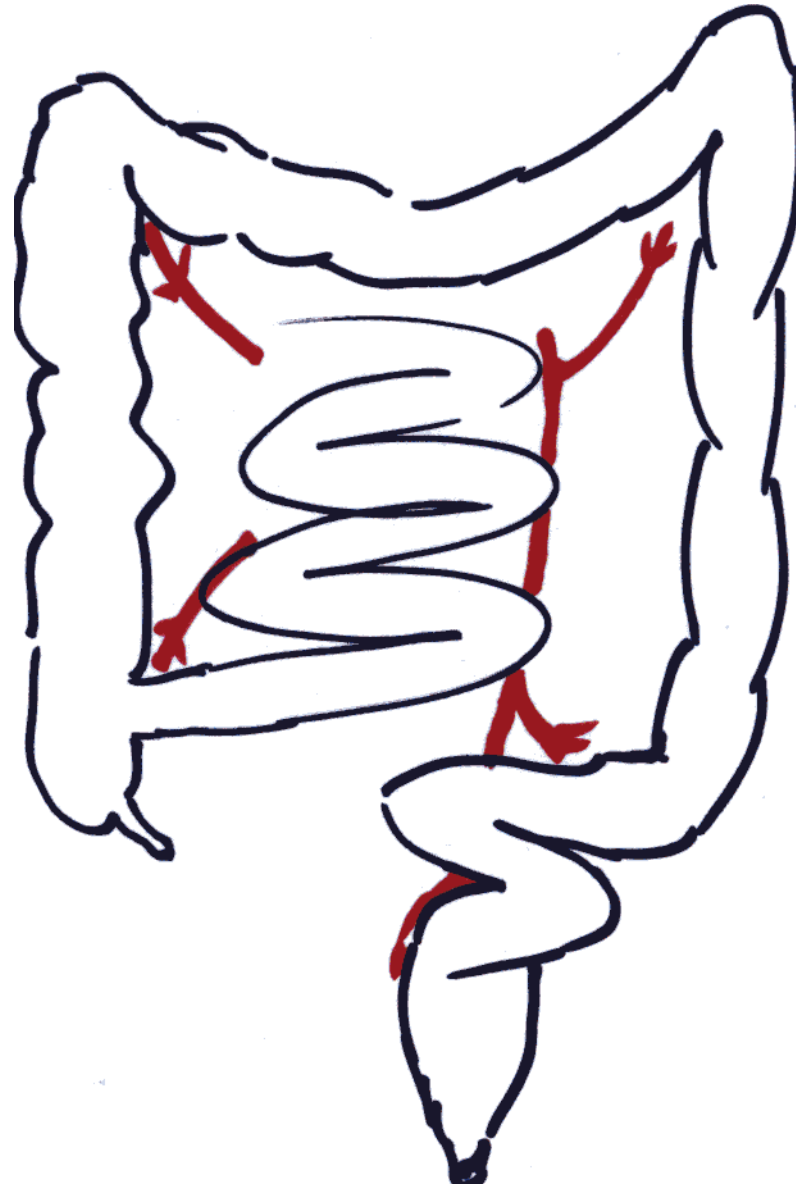
## □ CANCERS COLO-RECTAUX

- les plus fréquents: 15% des cancers
- 25000 nouveaux cas par an
- 40% à 5 ans

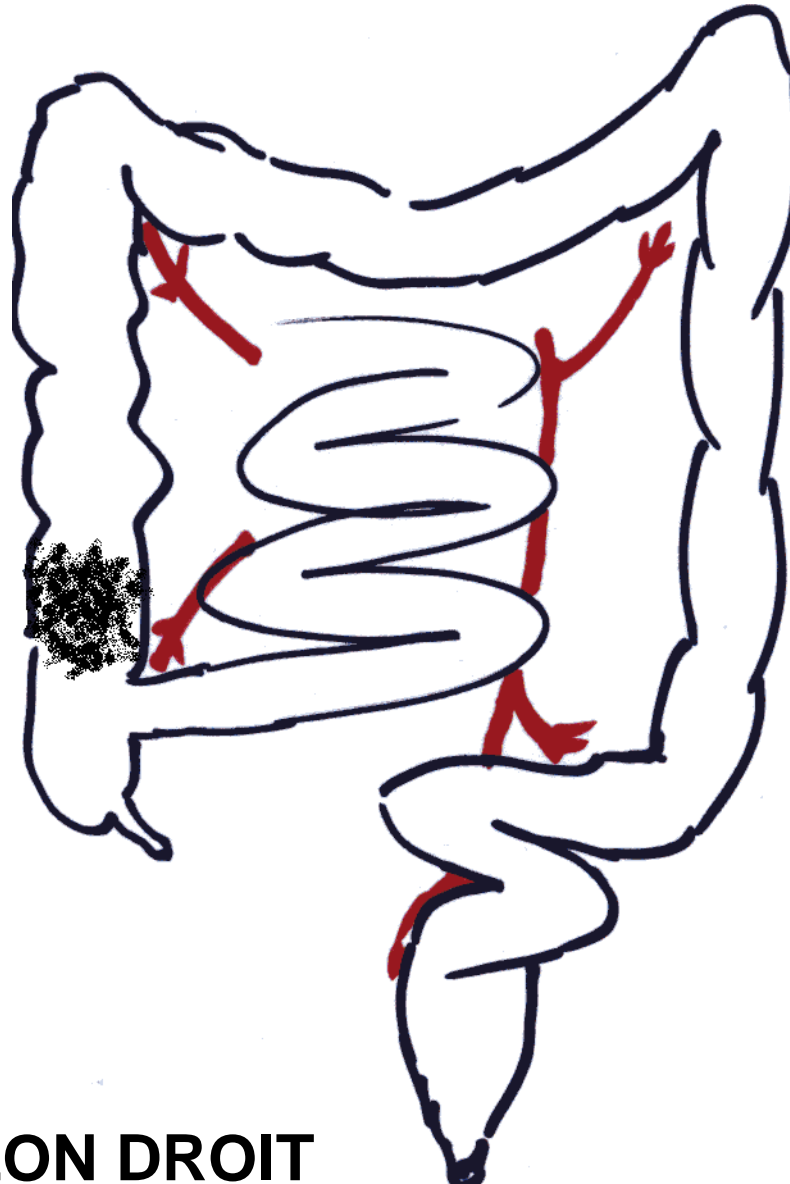
□ COLON: 60%

□ RECTUM: 40%

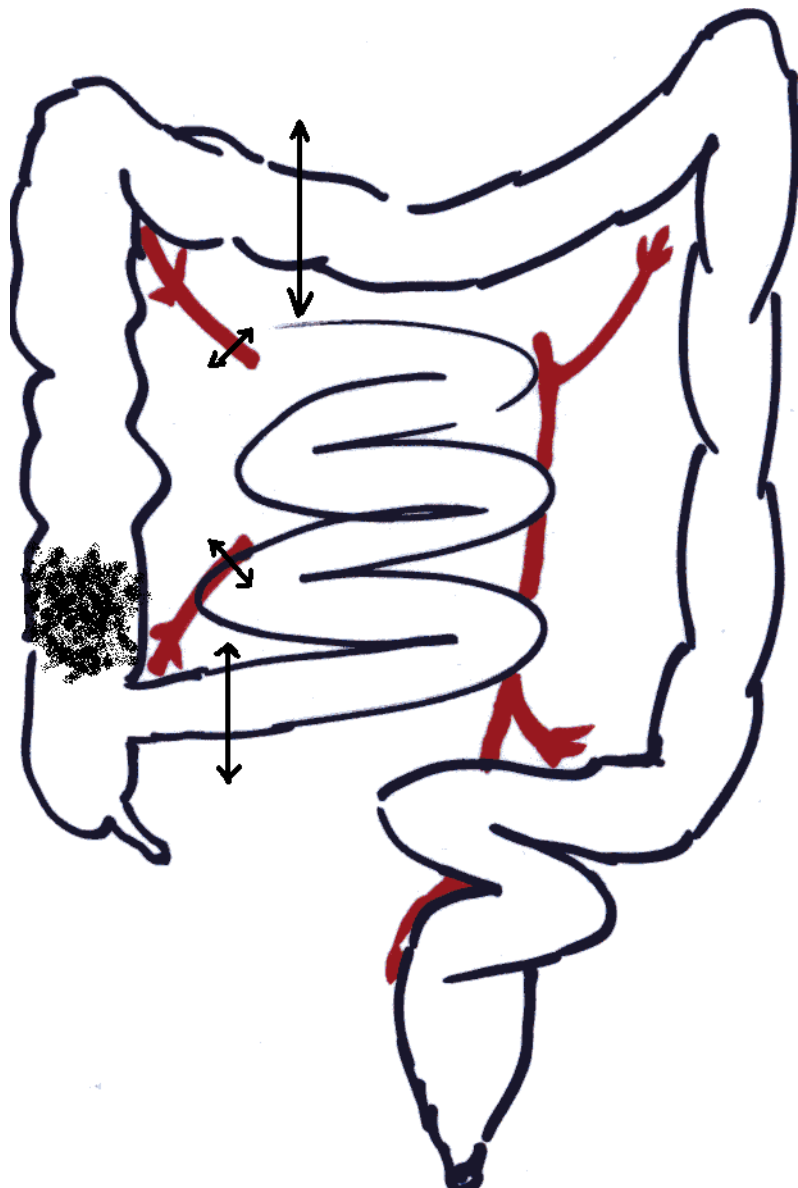
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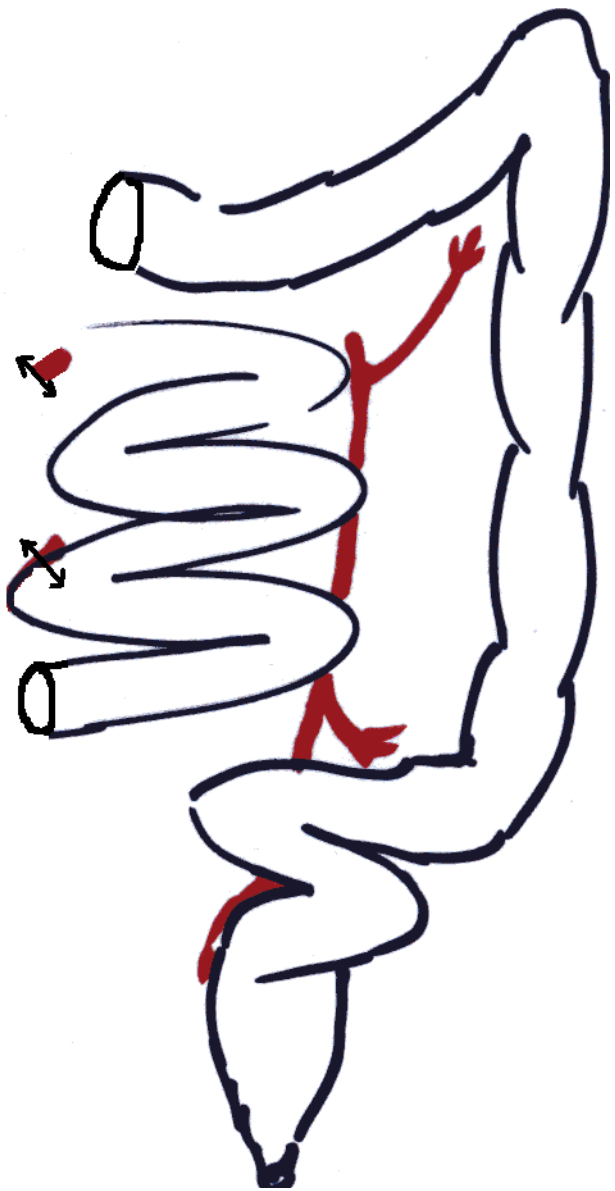


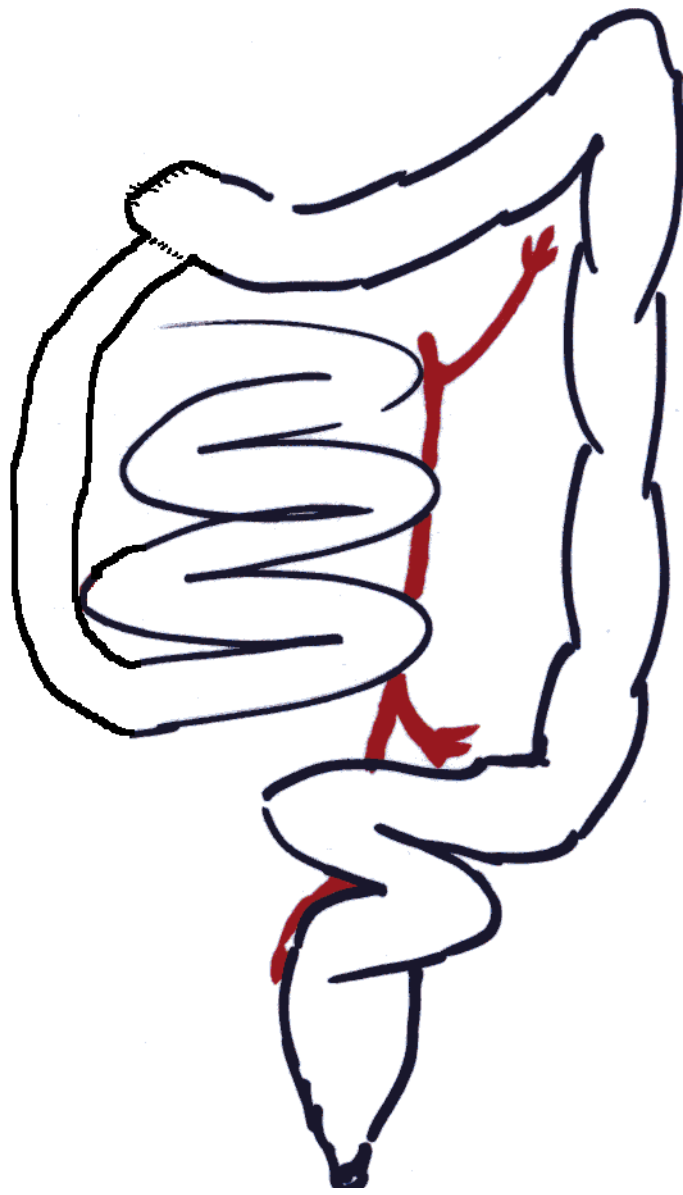
**ANATOMIE**

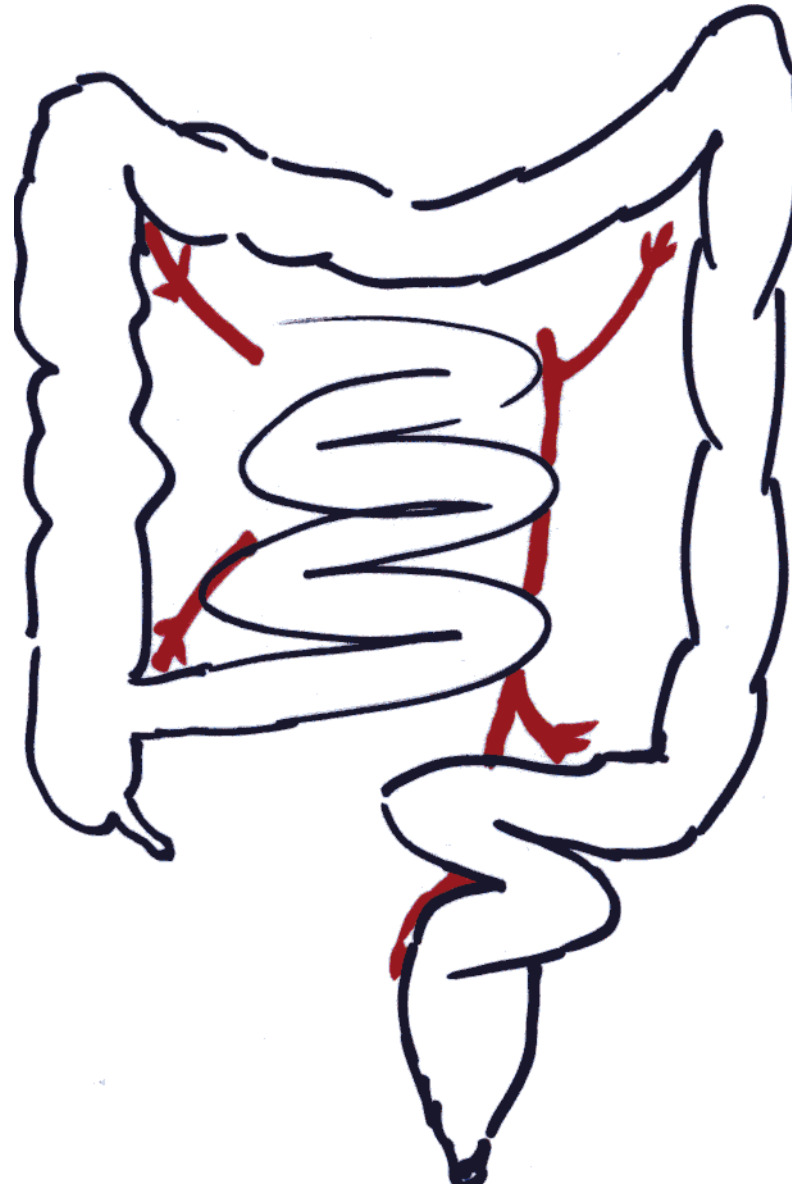


**CANCER DU COLON DROIT**  
**HEMICOLECTOMIE DROITE**



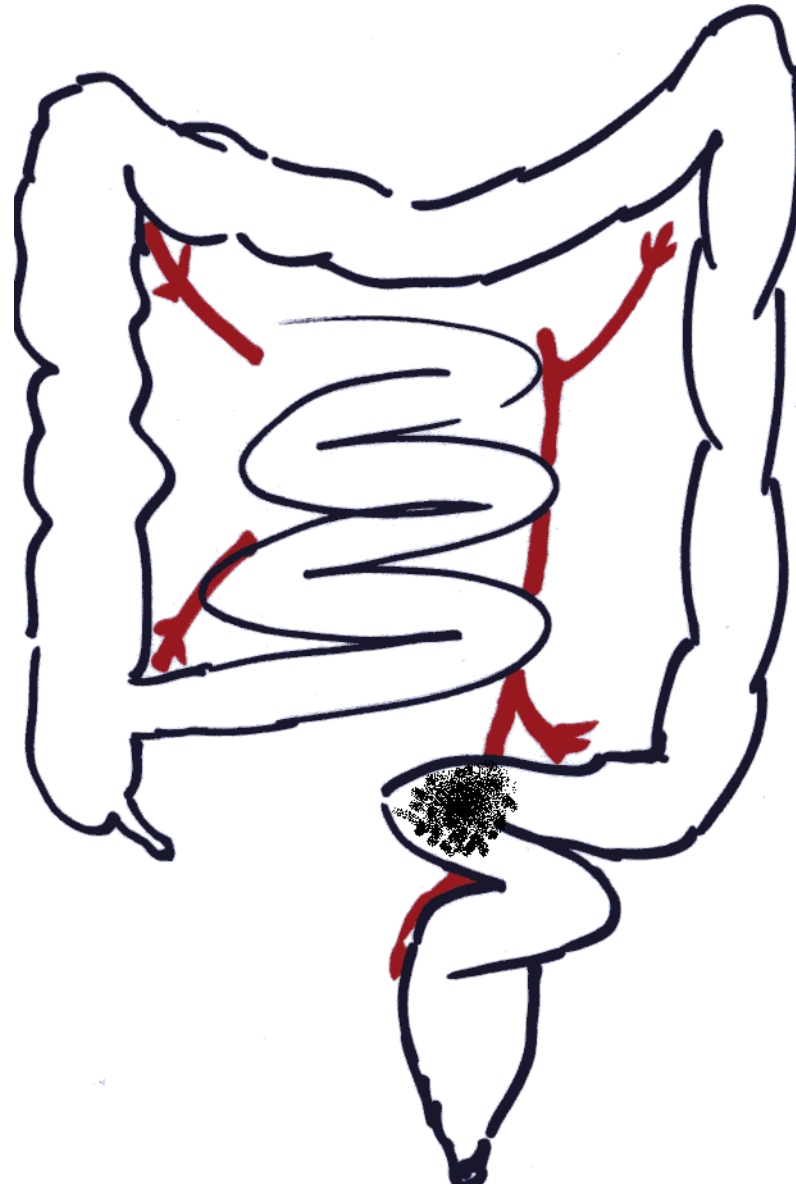




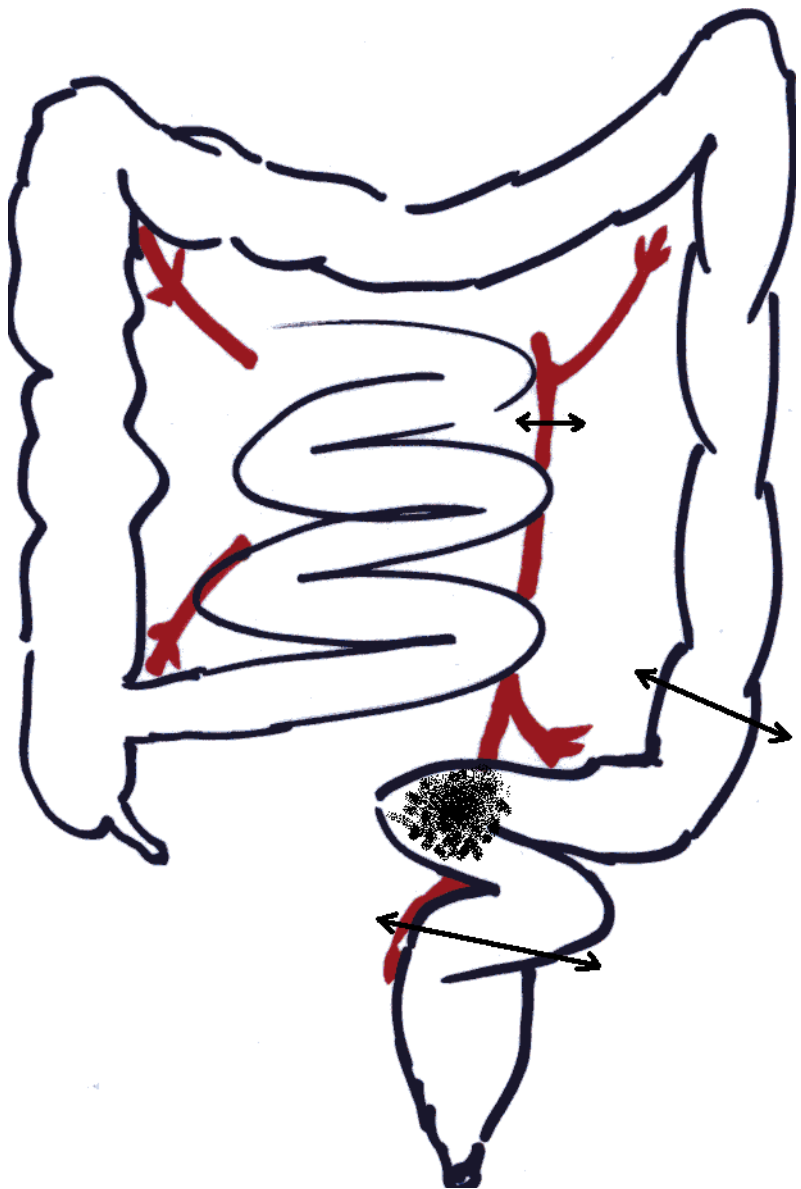


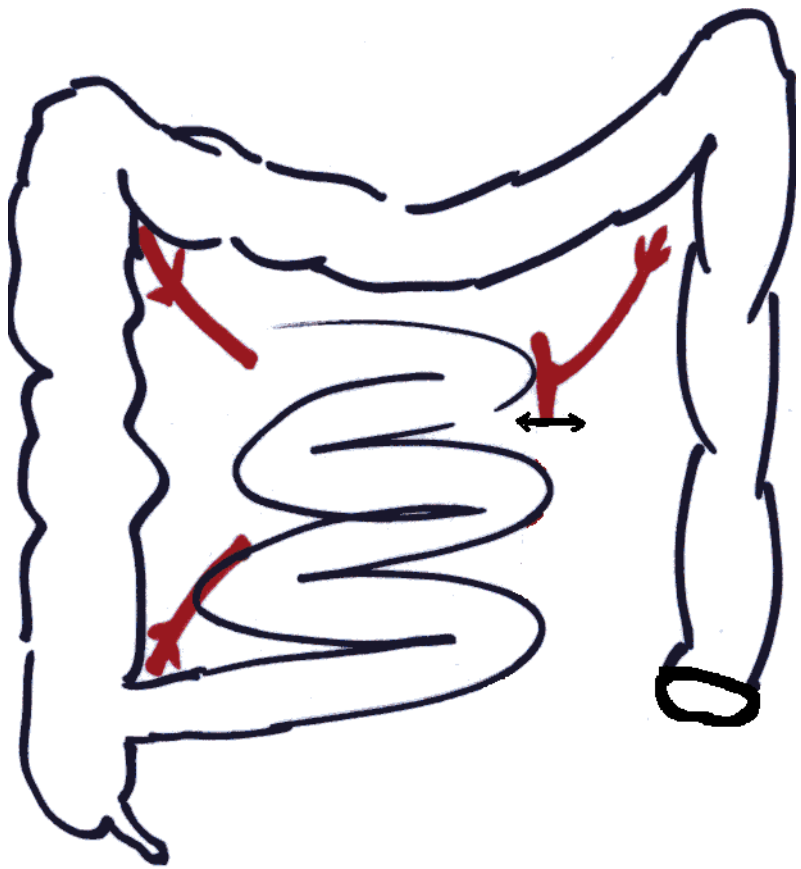
**CANCER DU COLON GAUCHE**

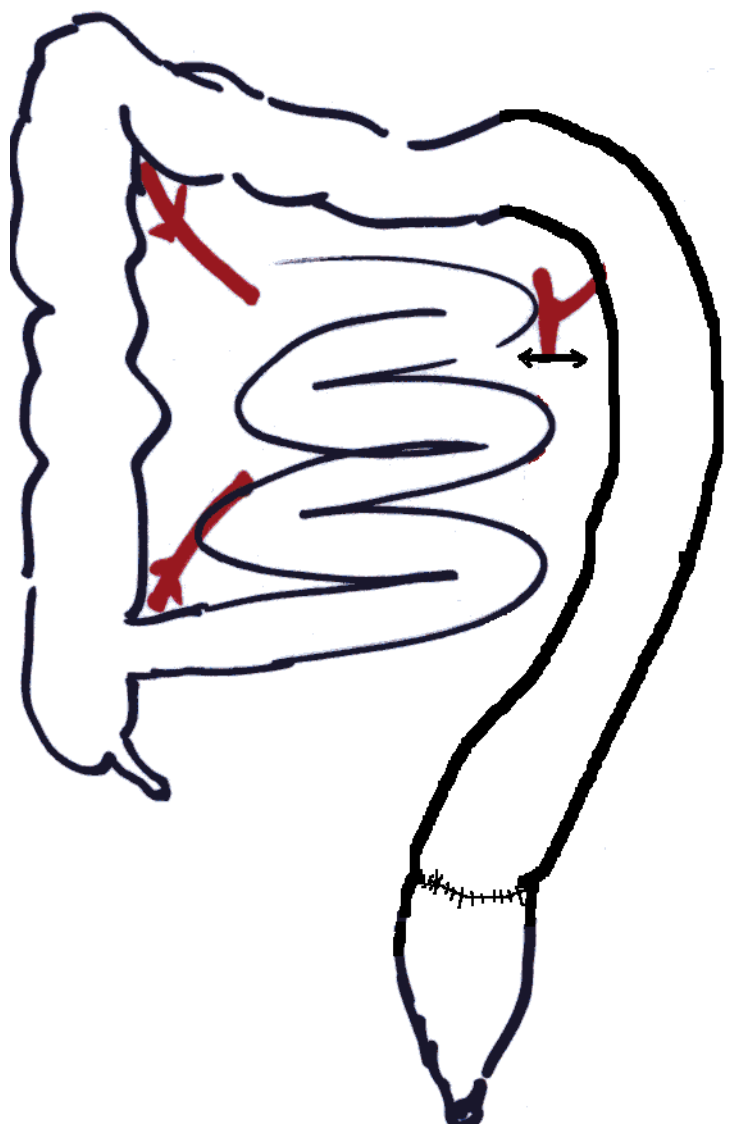


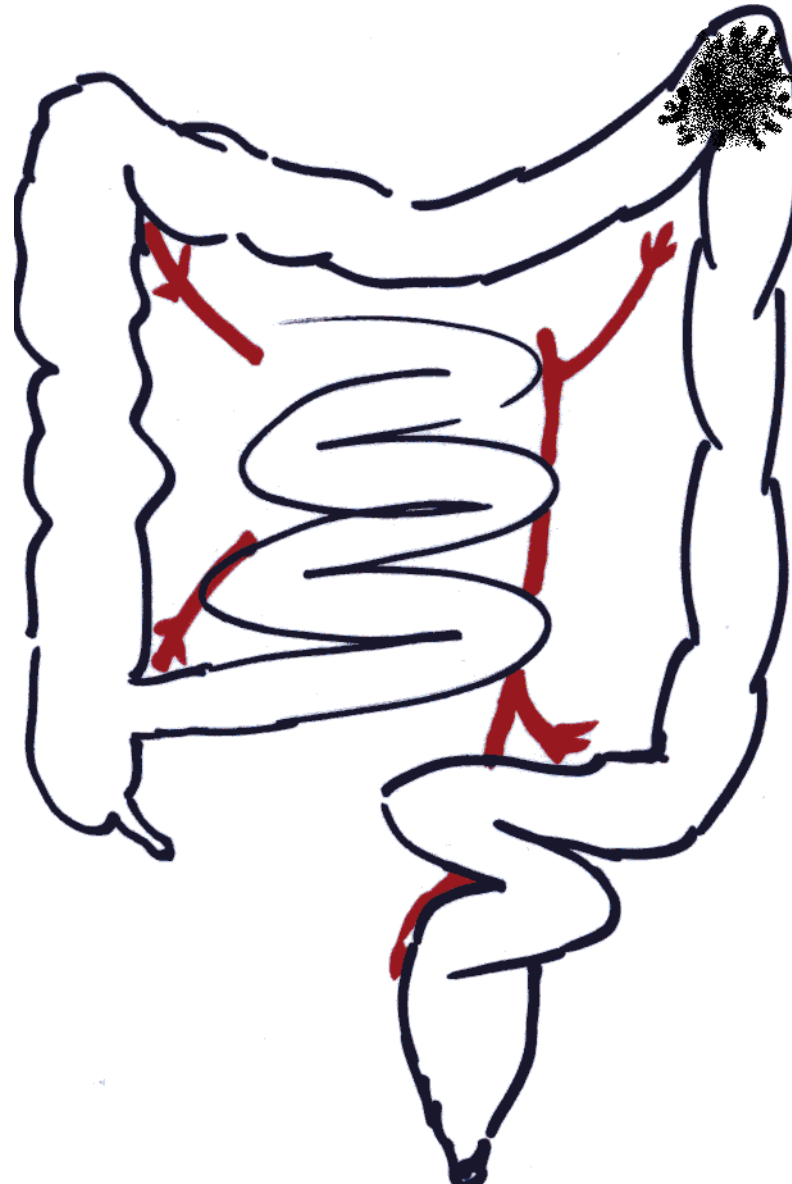


**SIGMOIDE**

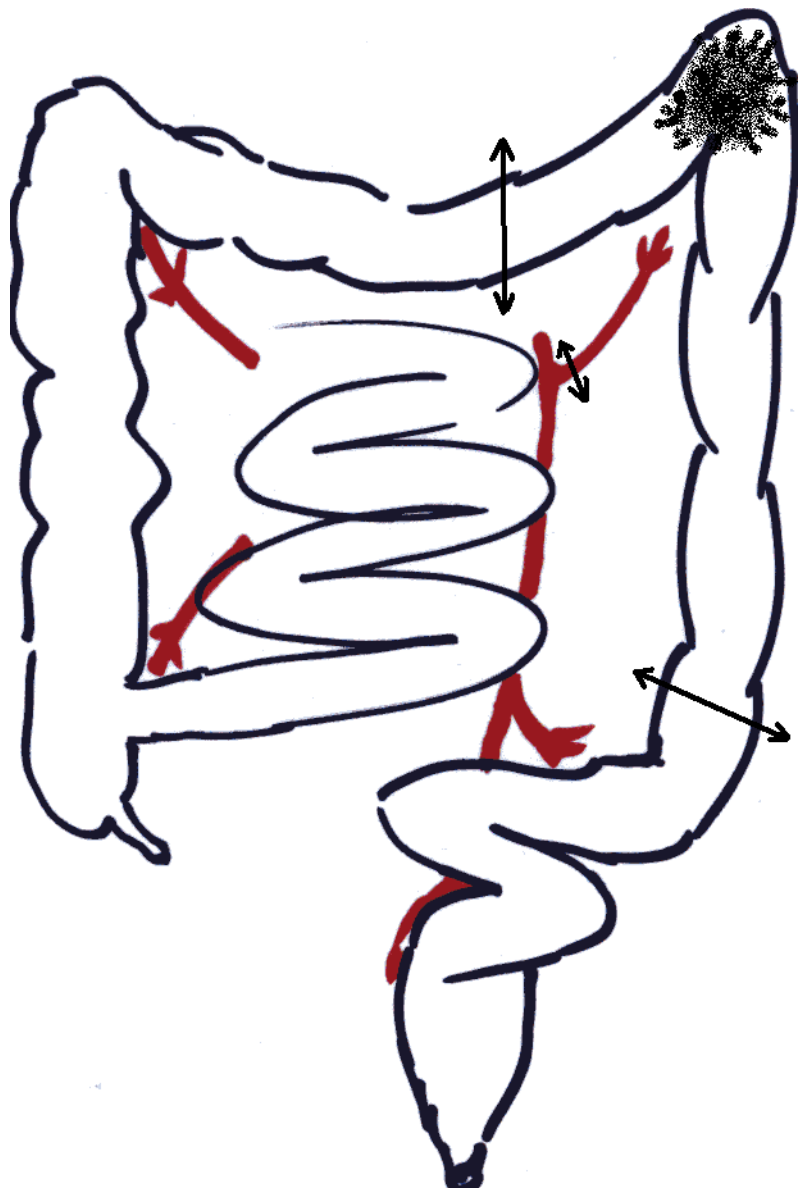








**ANGLE GAUCHE**



# LES DIFFERENTES LOCALISATIONS

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- COLON
  - RECTUM**
  - ESTOMAC
  - ŒSOPHAGE
  - PANCREAS
  - FOIE
  - AUTRES
-

# LE CANCER RECTAL

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## PROBLEMES PROPRES AU CANCER RECTAL

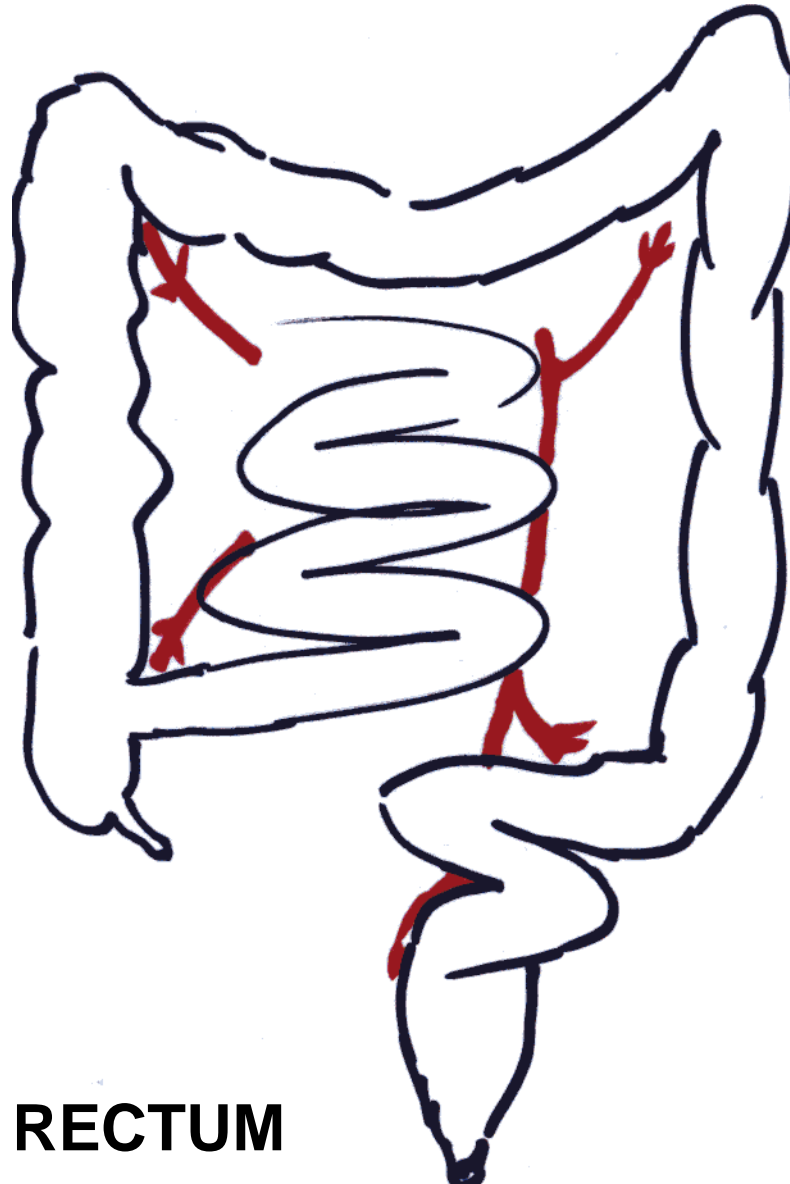
- chirurgie techniquement exigeante
- récurrences locales
- séquelles fonctionnelles :
  - . problème de la conservation sphinctérienne
  - . séquelles génito-urinaires



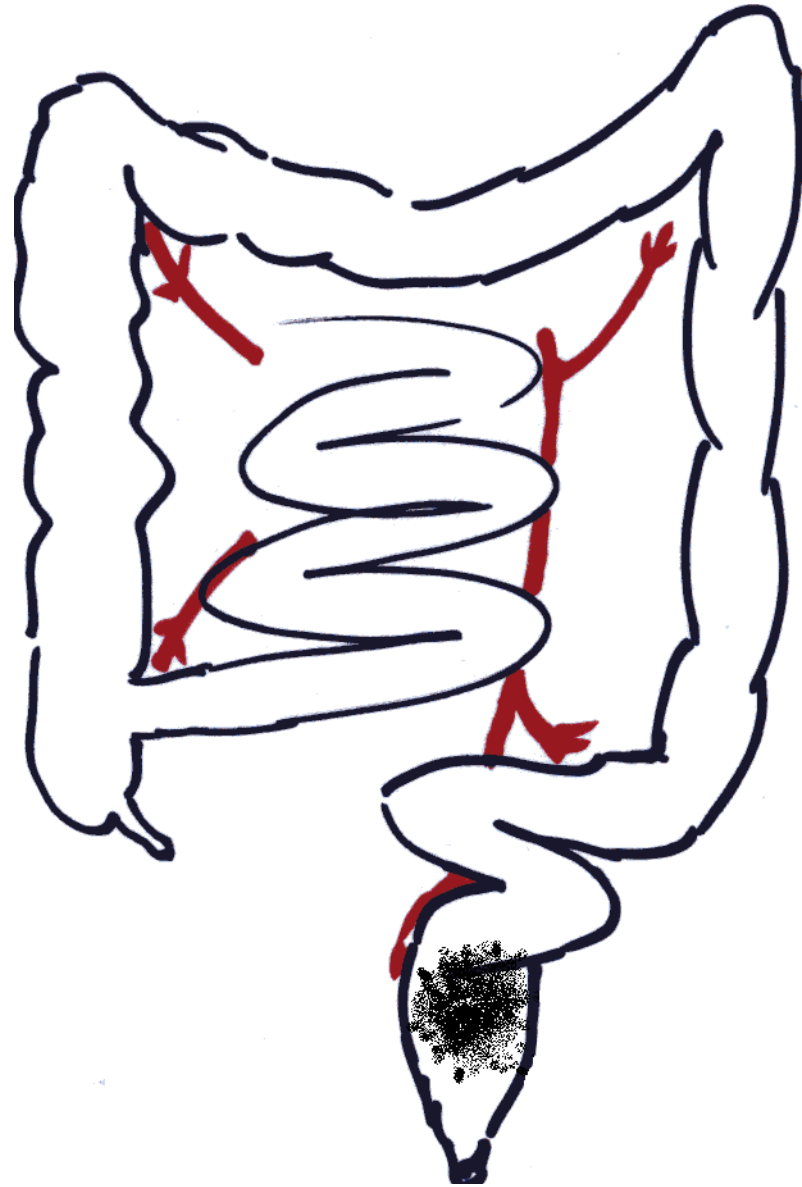
***EVOLUTION DE LA PRISE EN CHARGE***

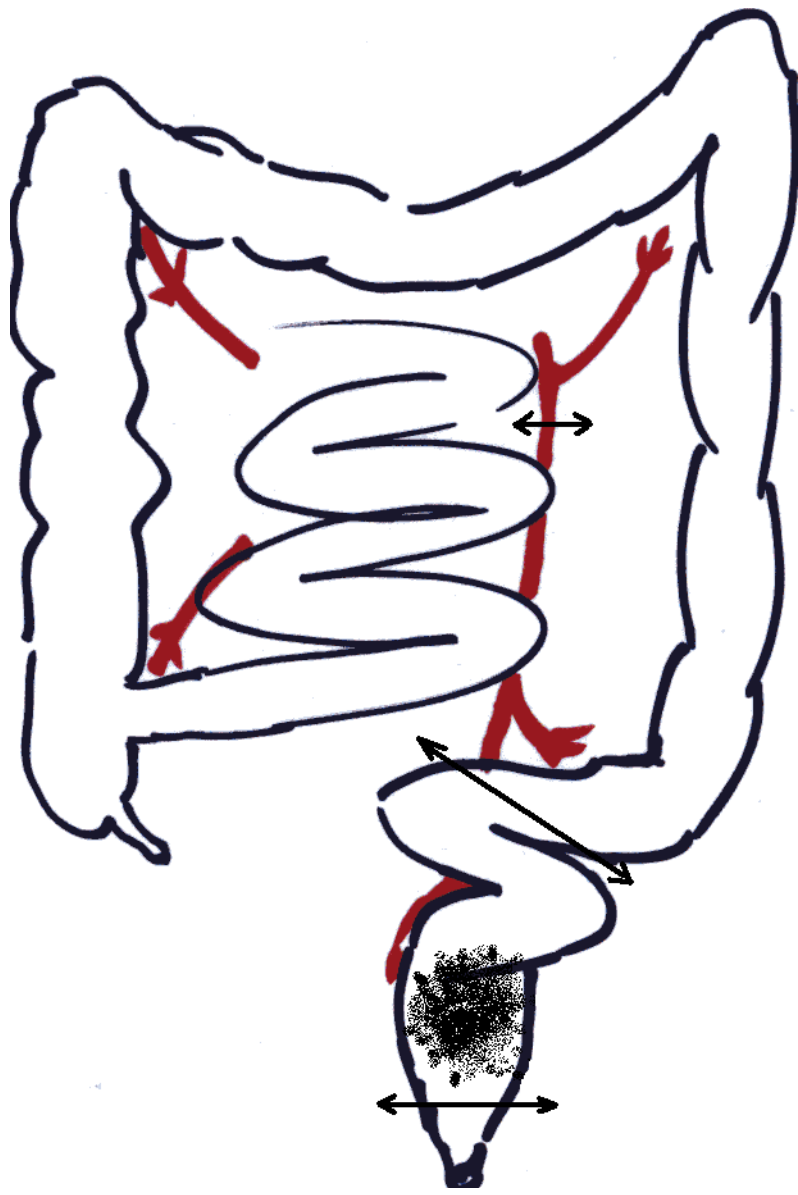
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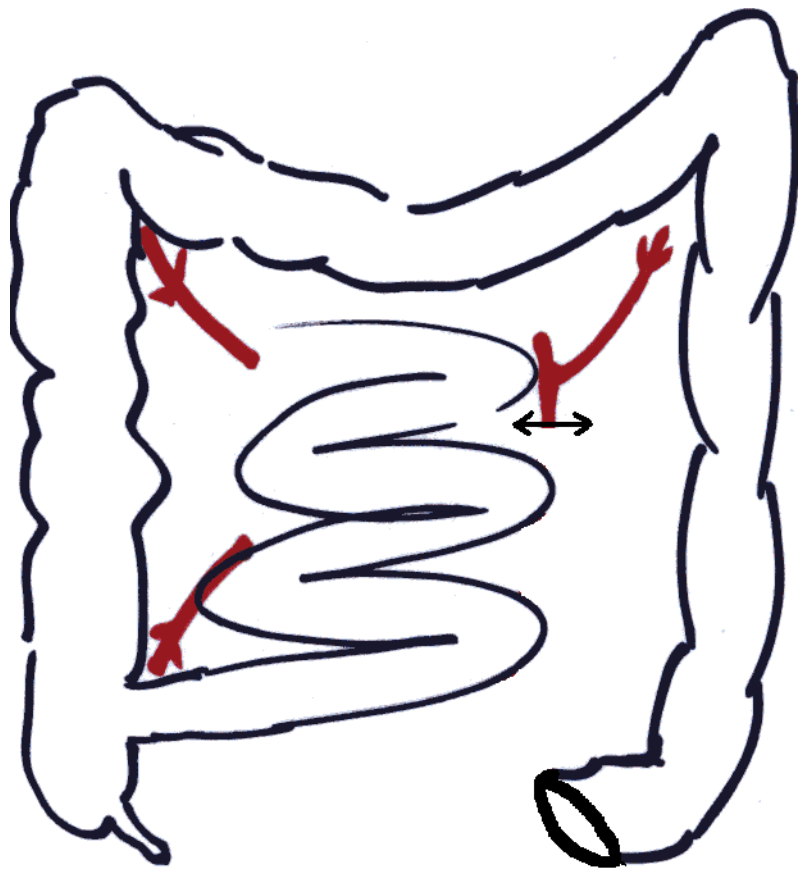


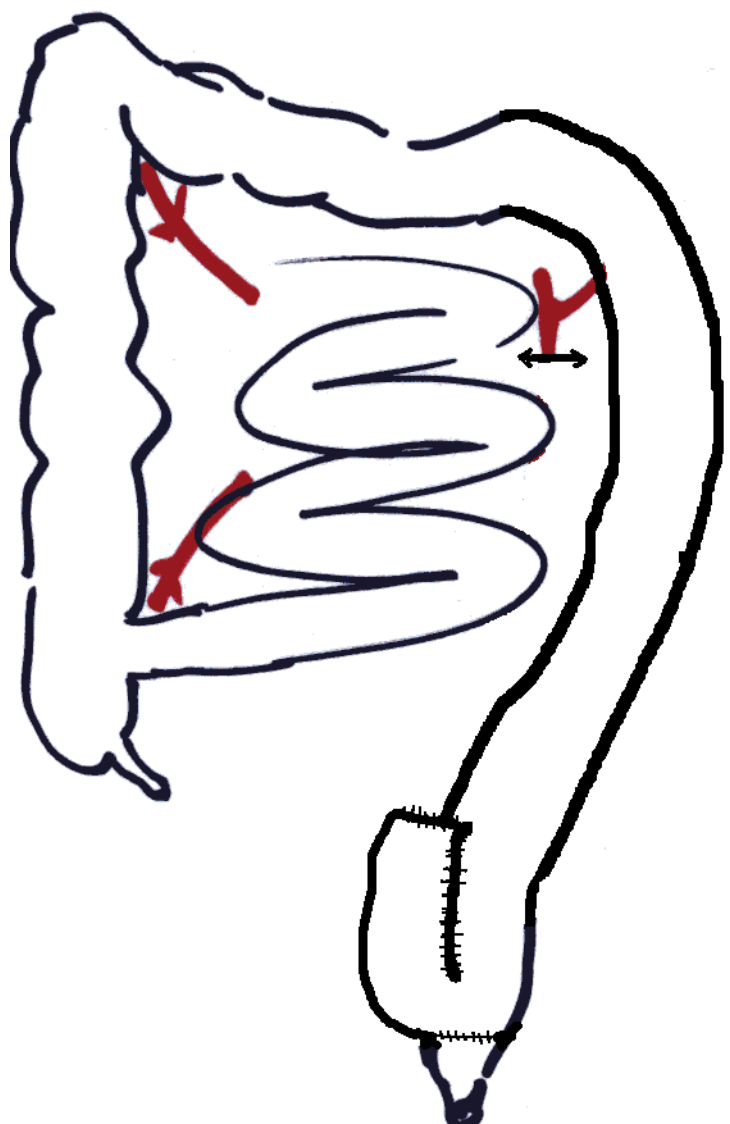


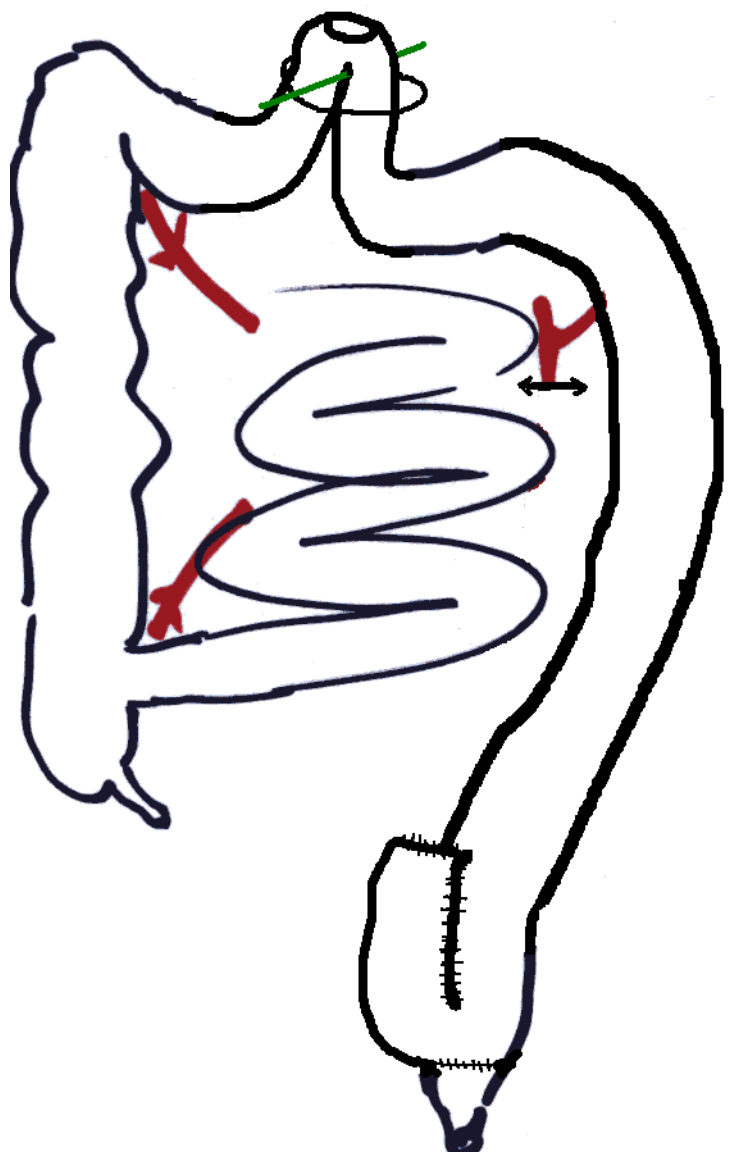
**MOYEN ET HAUT RECTUM  
RESECTION ANTERIEURE**

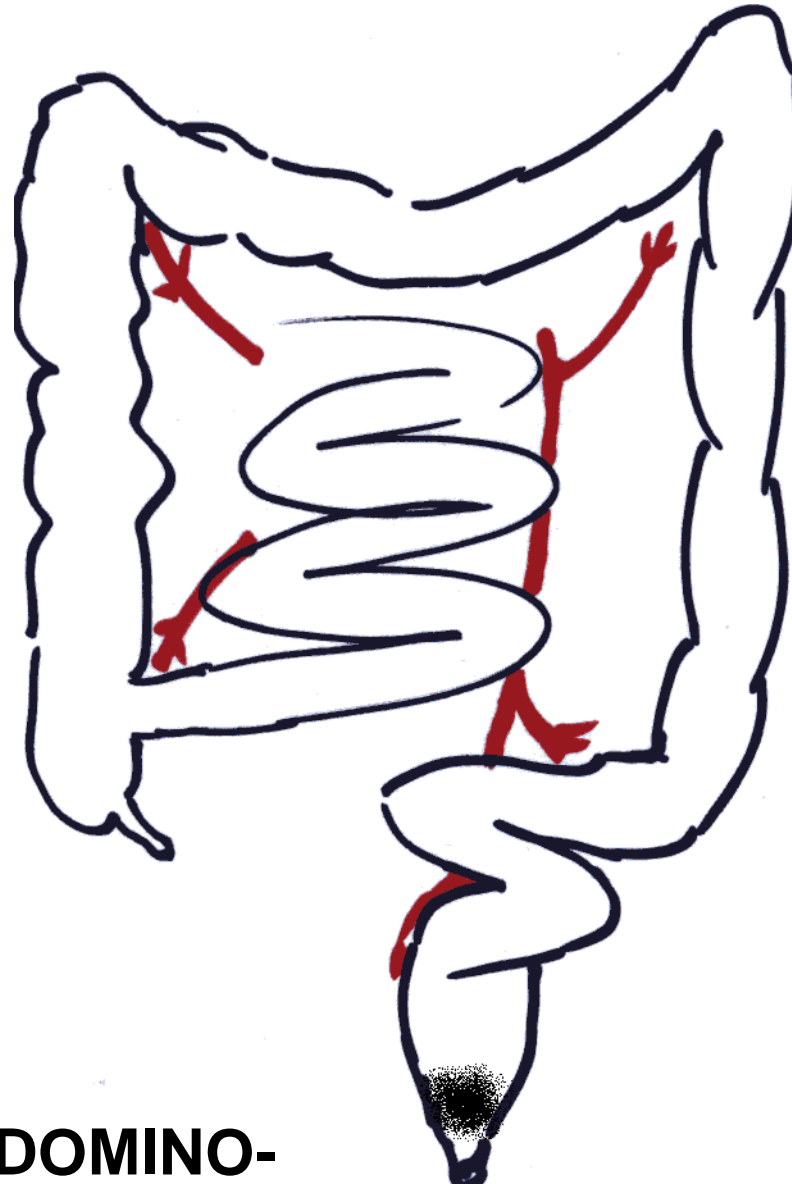






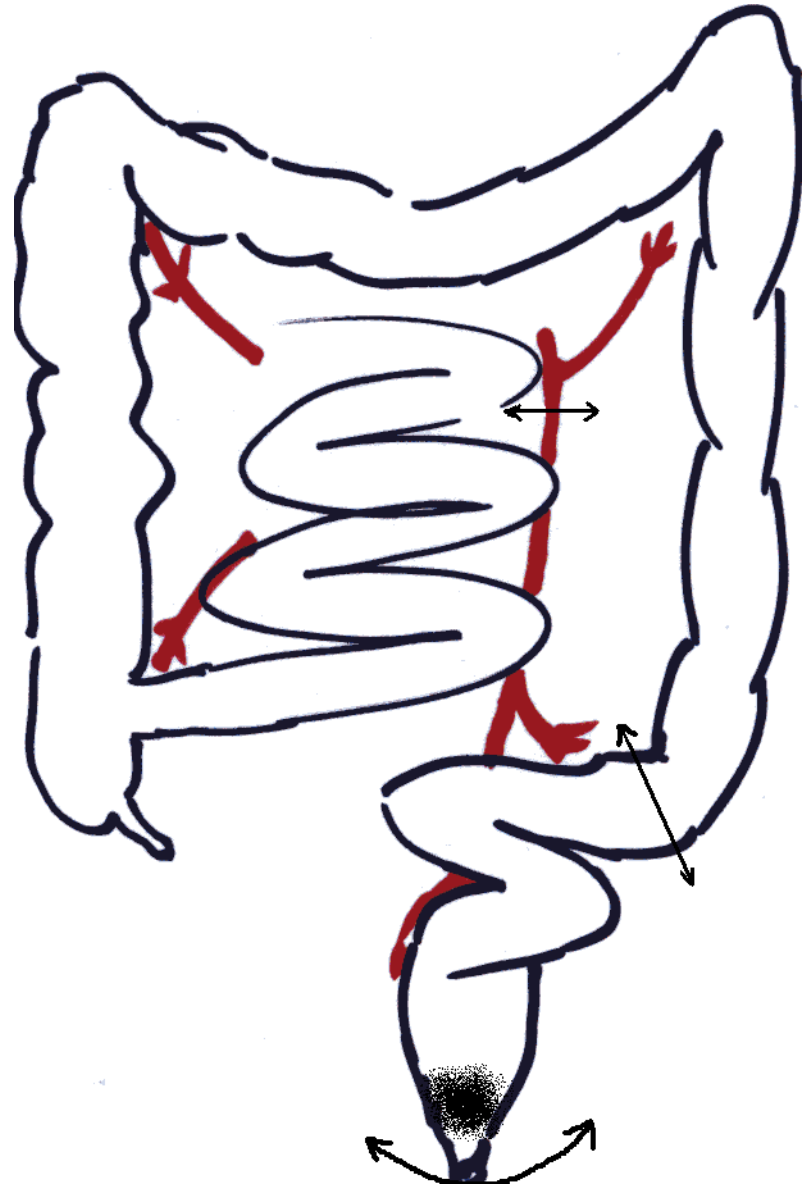




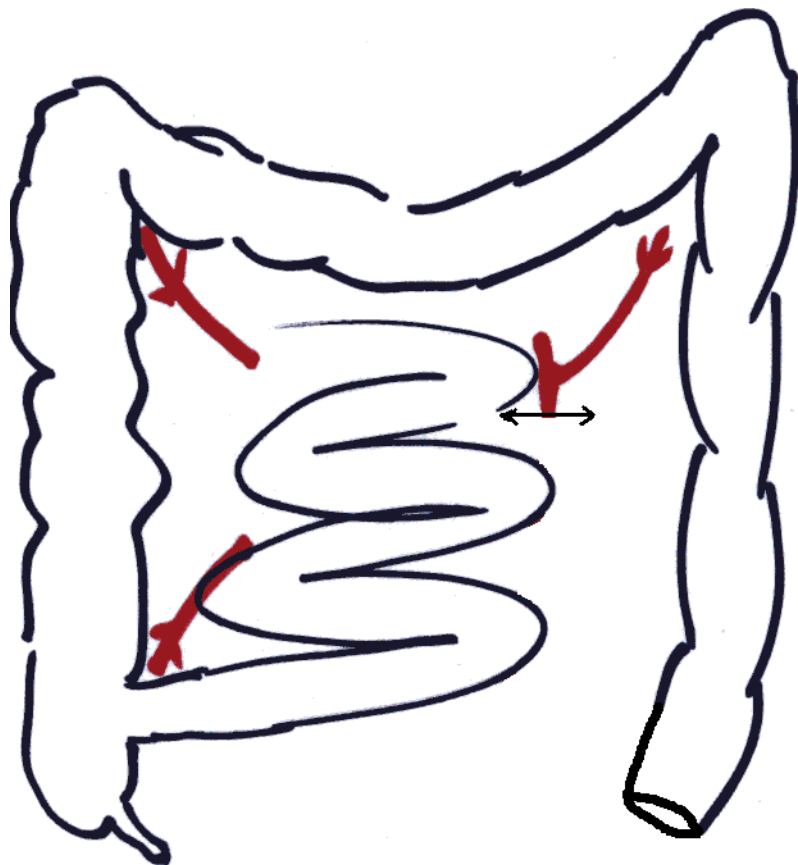


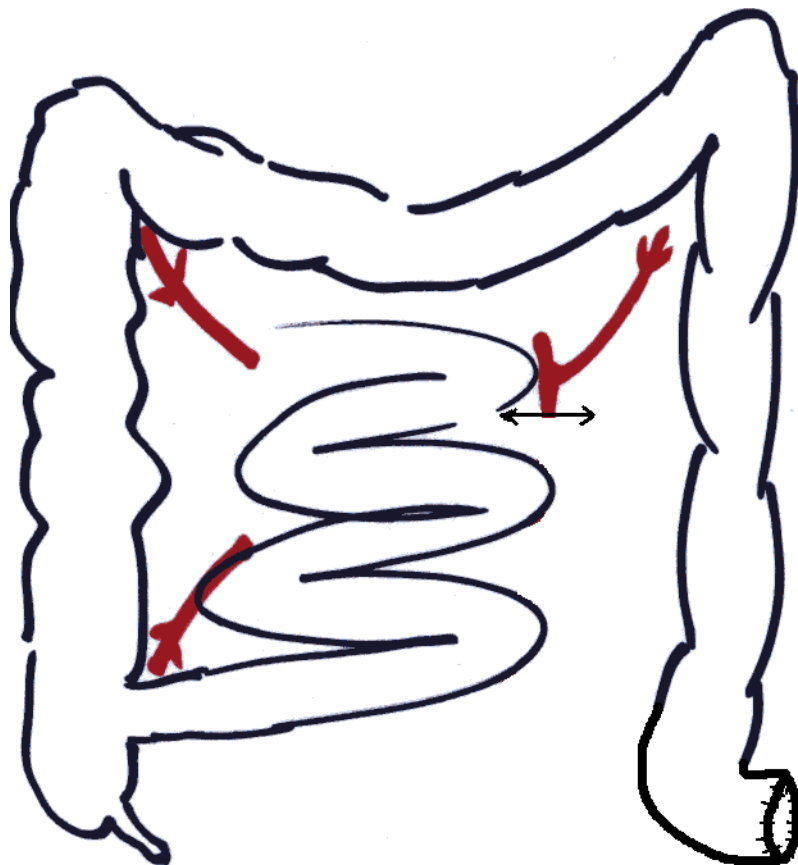
**BAS RECTUM**

**AMPUTATION ABDOMINO-  
PERINEALE**

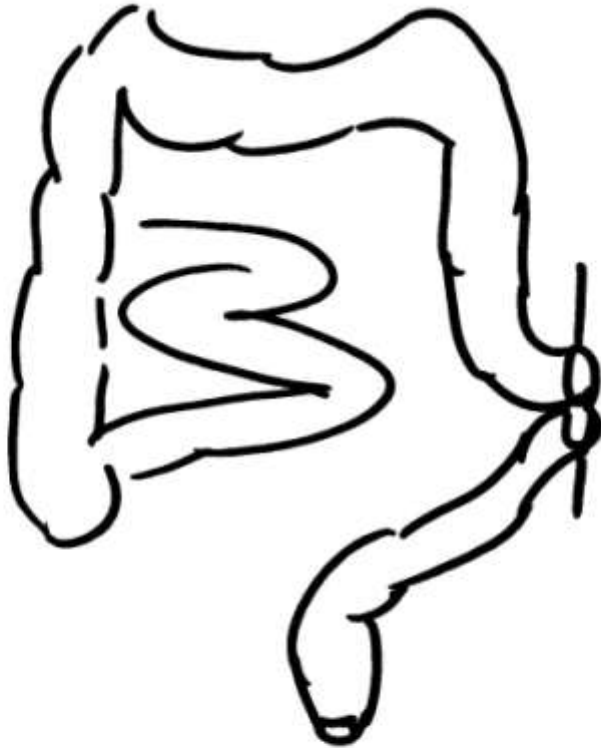




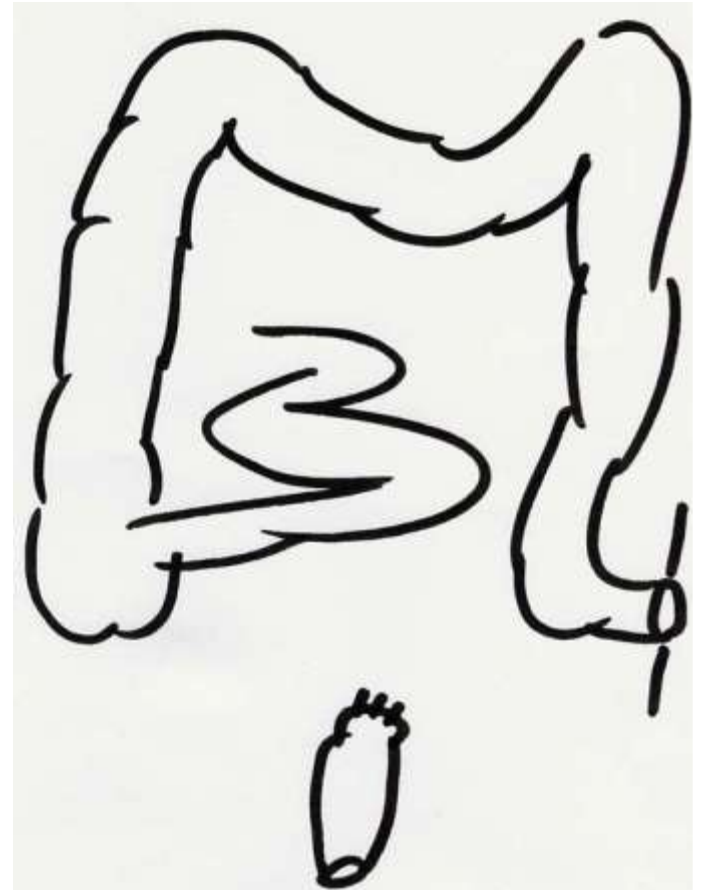




# CAS PARTICULIERS



BOUILLY-VOLKMANN



HARTMANN

# LES DIFFERENTES LOCALISATIONS

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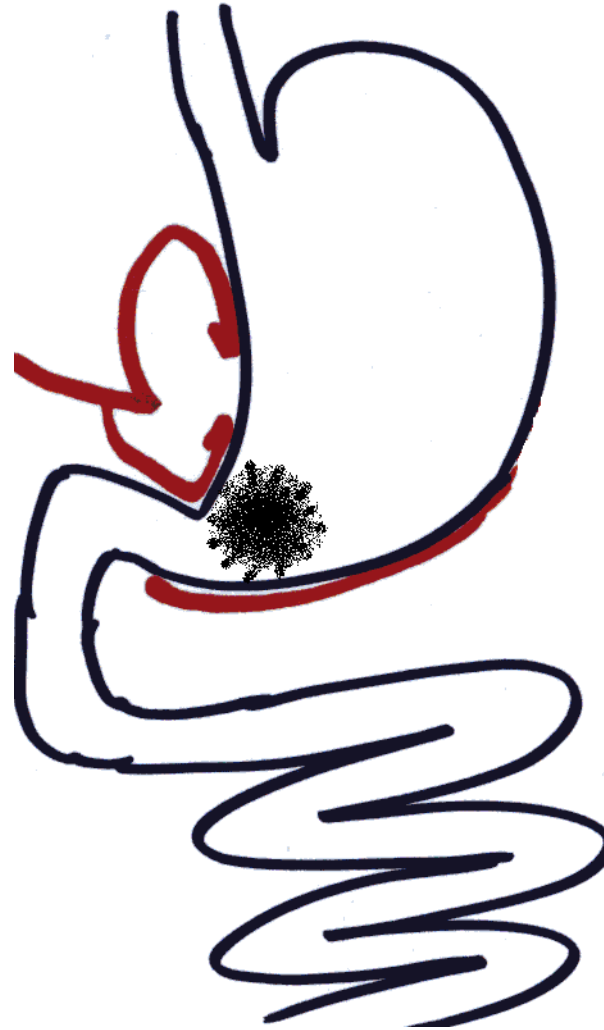
- COLON
  - RECTUM
  - ESTOMAC**
  - ŒSOPHAGE
  - PANCREAS
  - FOIE
  - AUTRES
-

# LE CANCER GASTRIQUE

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- 9000 NOUVEAUX CAS
  - OPERABILITE 35%
  - GUERISON 10 à 15%
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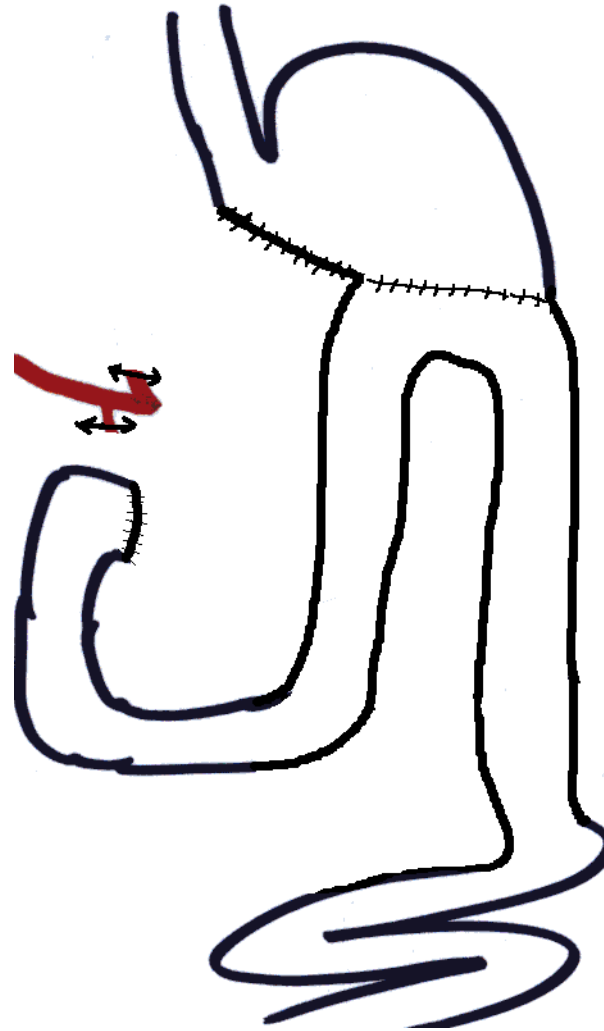
**CANCER ANTRAL**

**GASTRECTOMIE 4/5**



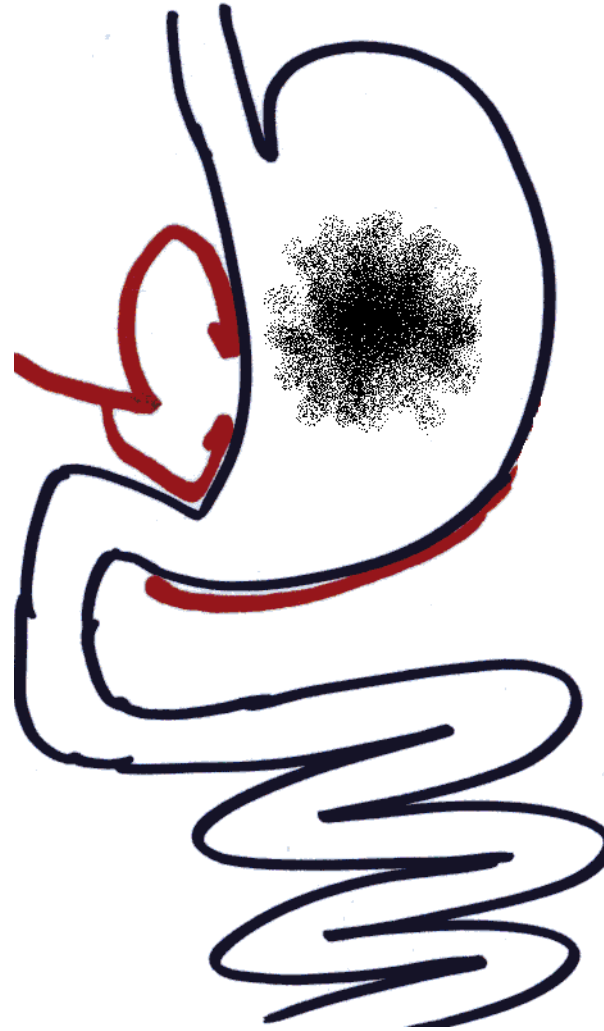






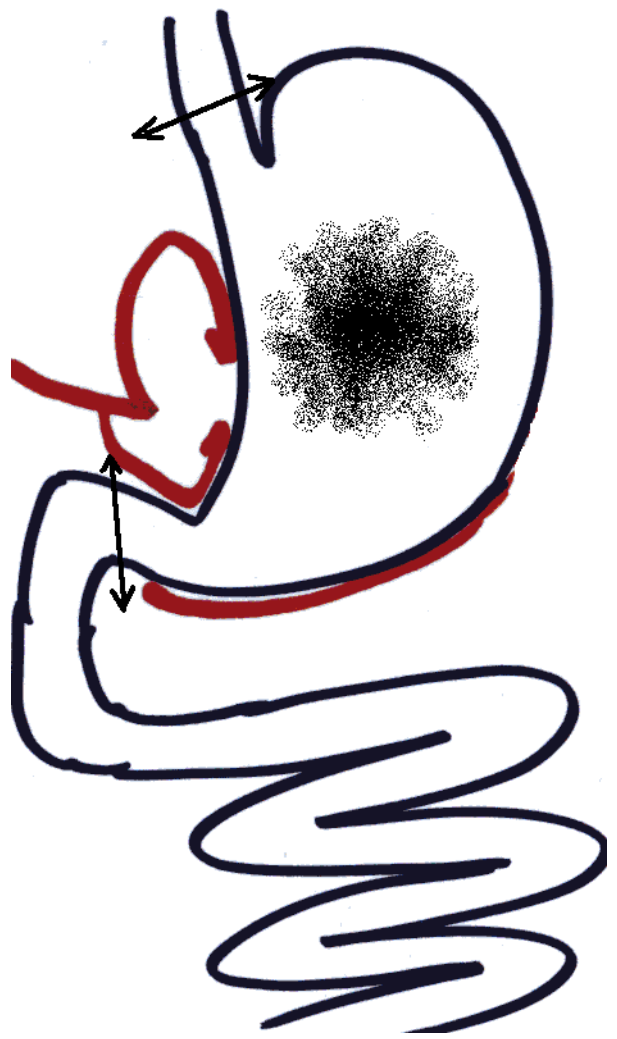
**ANASTOMOSE**

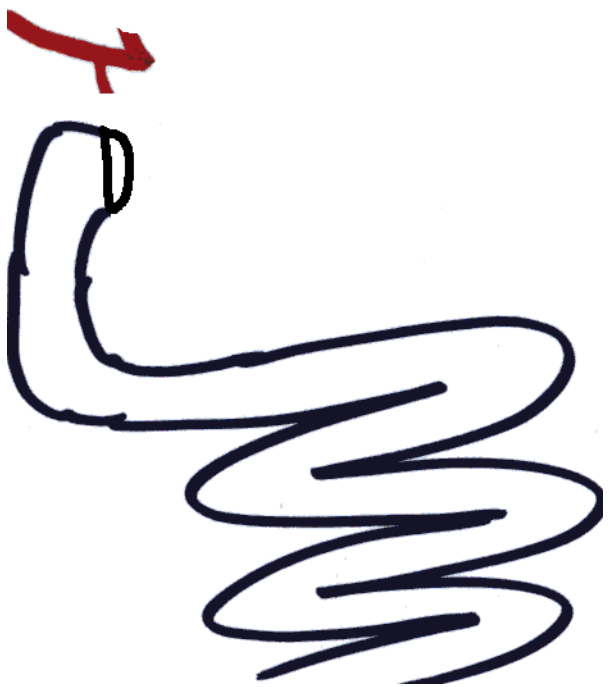
**GASTRO-JEJUNALE (FINSTERER)**



**CORPS GASTRIQUE**

**GASTRECTOMIE TOTALE**

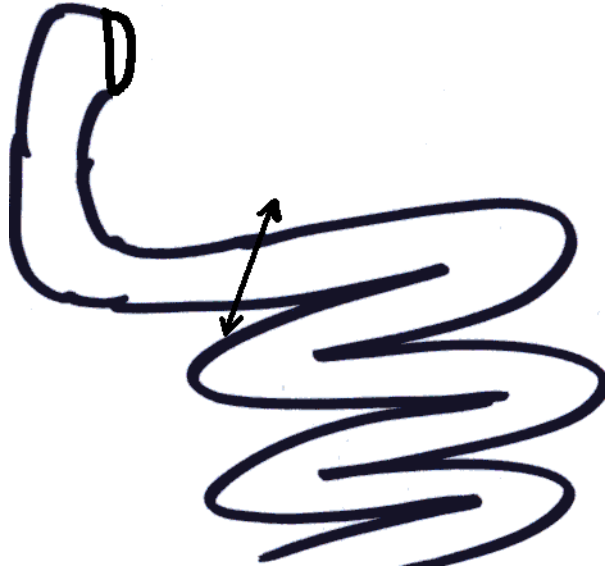




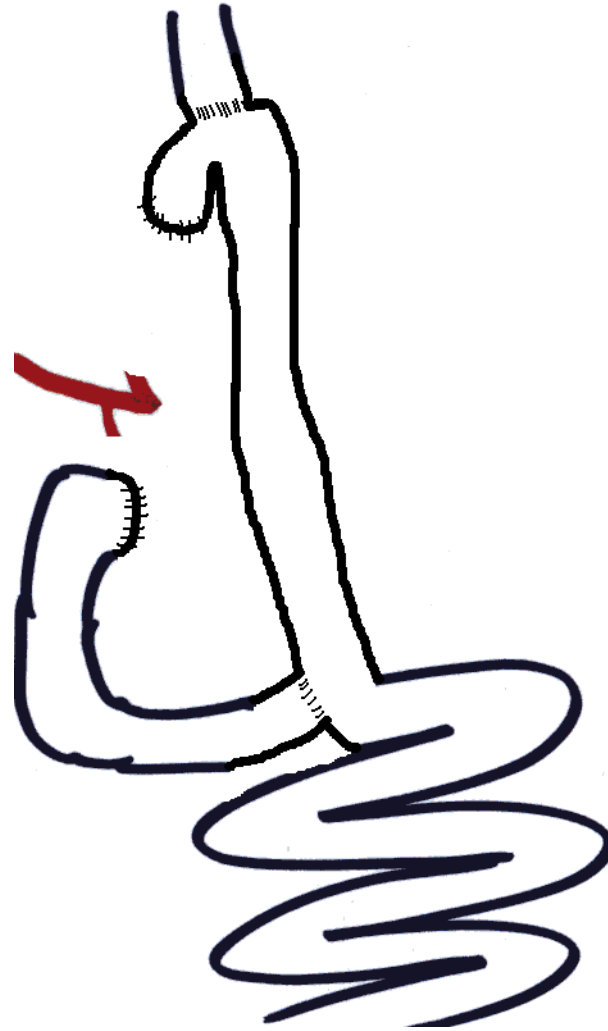
B

W

T







**ANSE EN Y**



# LES DIFFERENTES LOCALISATIONS

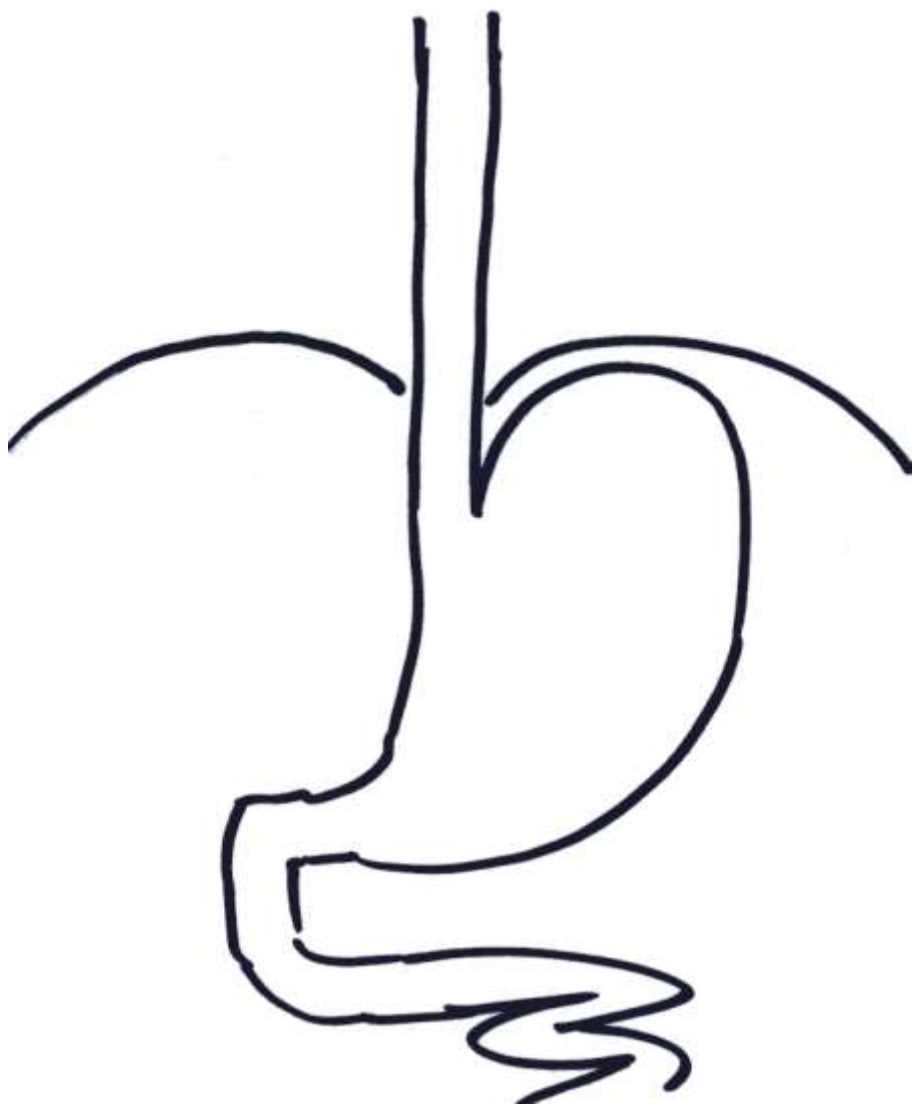
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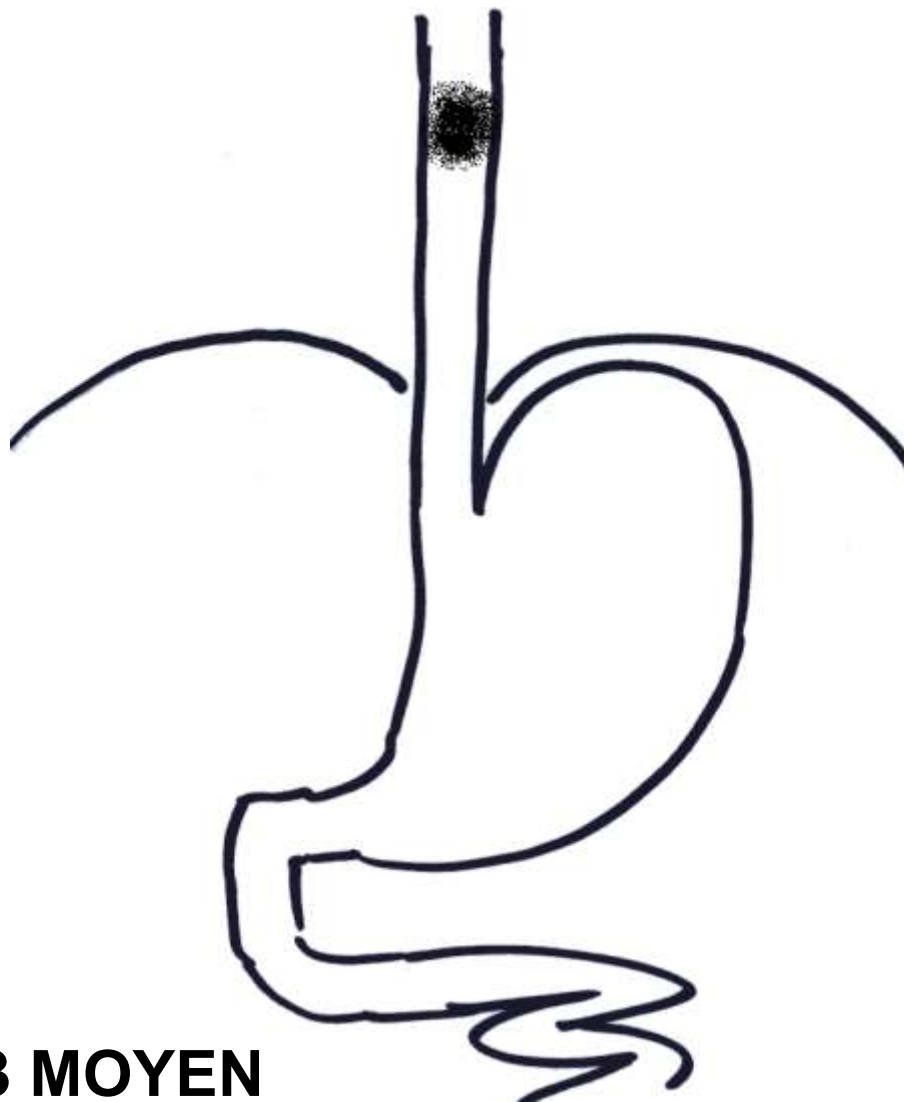
- COLON
  - RECTUM
  - ESTOMAC
  - ŒSOPHAGE**
  - PANCREAS
  - FOIE
  - AUTRES
-

# LE CANCER OESOPHAGIEN

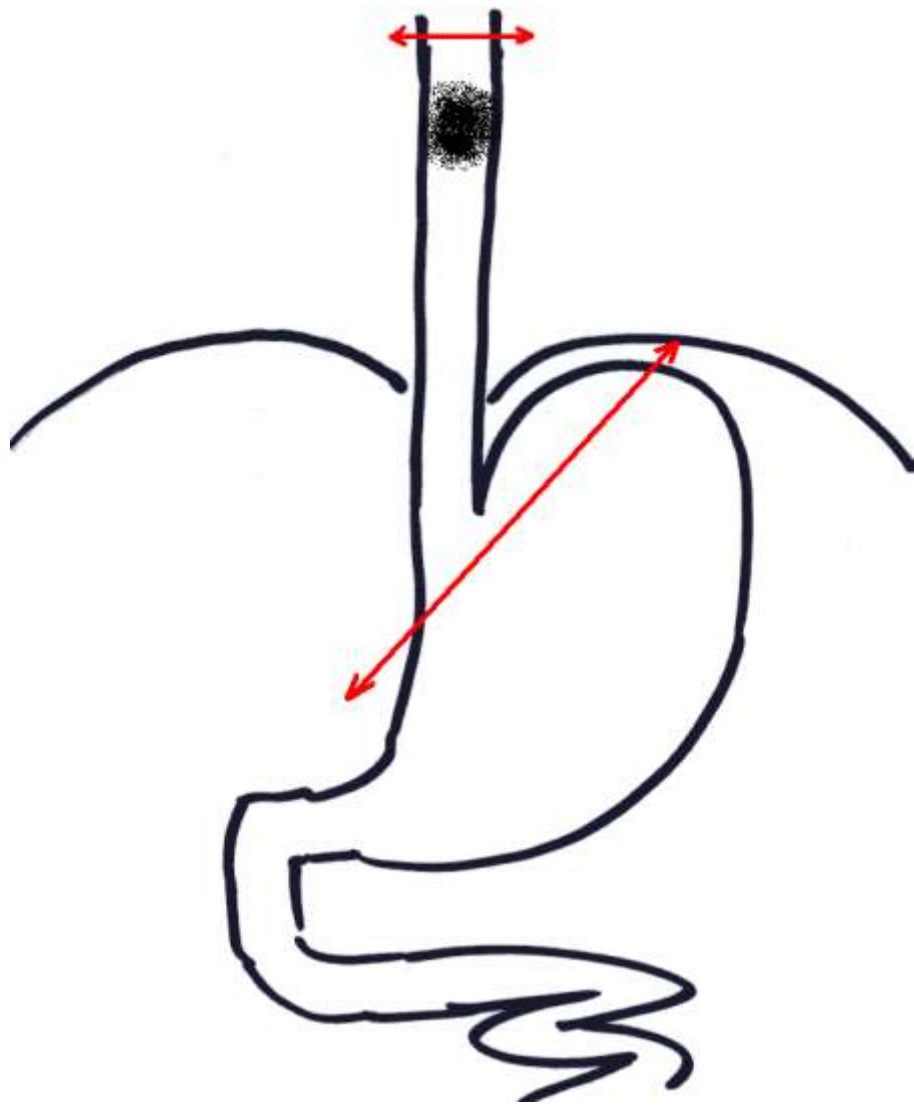
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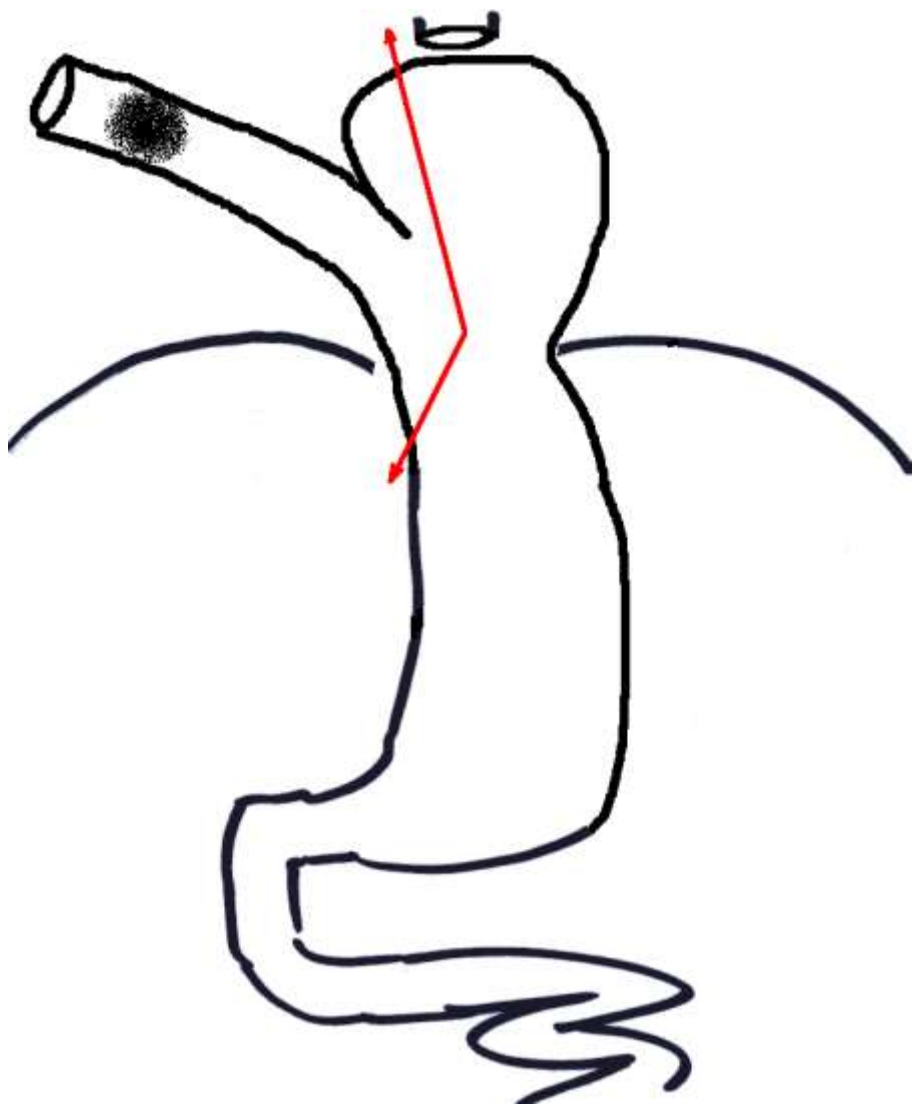
- ❑ 5200 nouveaux cas par an
  - ❑ Résécabilité 20%
  - ❑ Mortalité post-op. 5 à 10%
  - ❑ Survie 3 à 6% à 5 ans
-

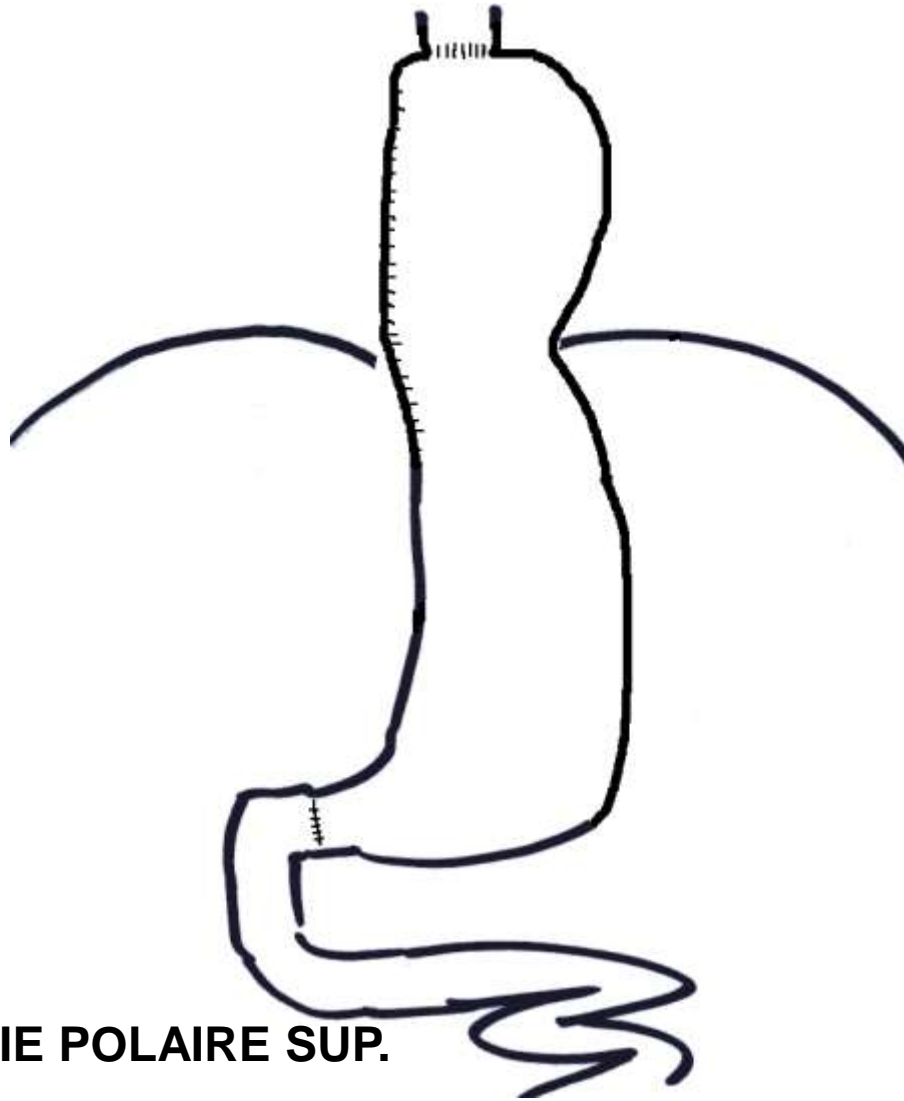




**ŒSOPHAGE 1/3 MOYEN  
OU INFÉRIEUR**







**OESOGASTRECTOMIE POLAIRE SUP.**

**DOUBLE VOIE ABDO. ET THOR. D**

(LEWIS SANTY)

# OESOPHAGOPLASTIES

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## AUTRES

TUBULISATION GASTRIQUE (AKIYAMA)

OESOPHAGOPLASTIES COLIQUES

Colon droit ou angle gauche

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# LES DIFFERENTES LOCALISATIONS

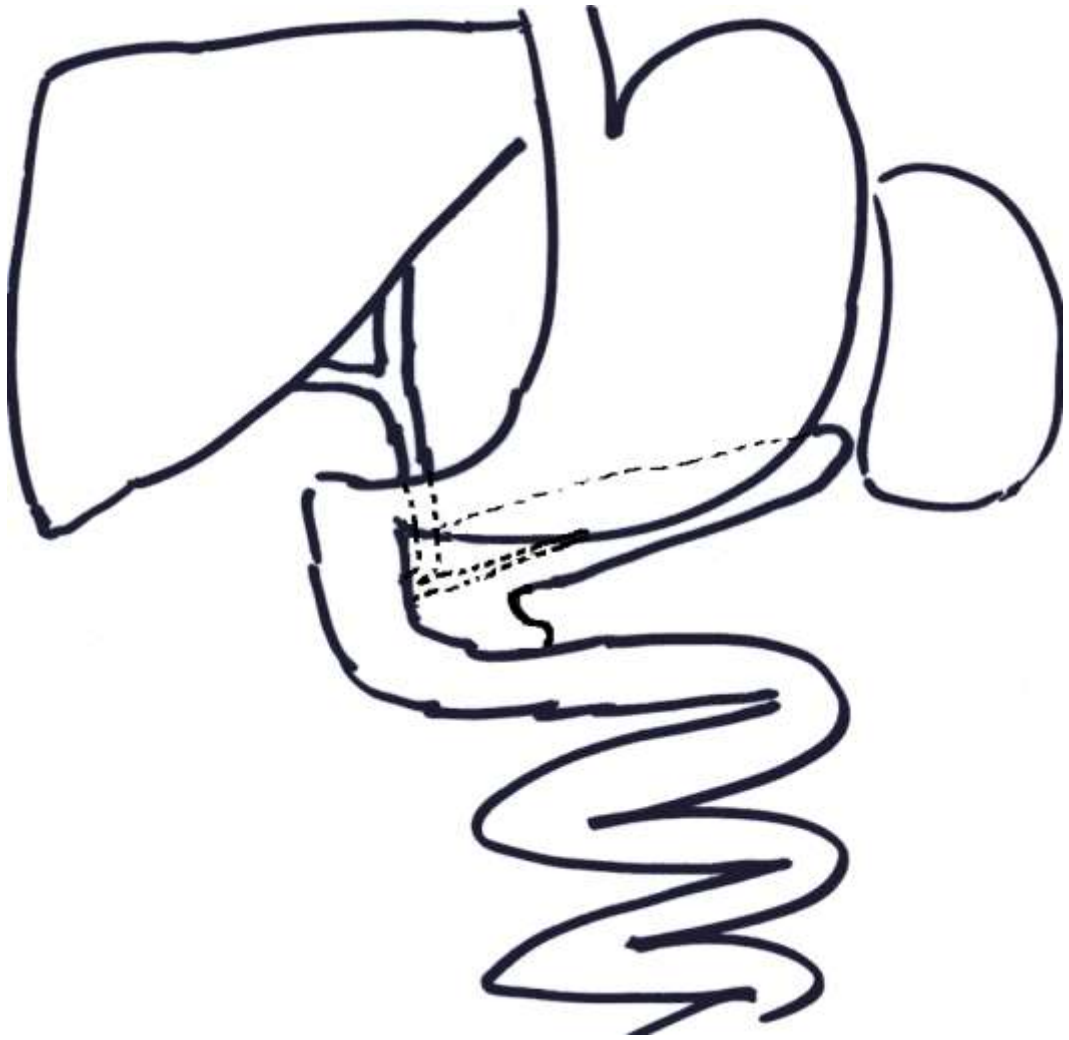
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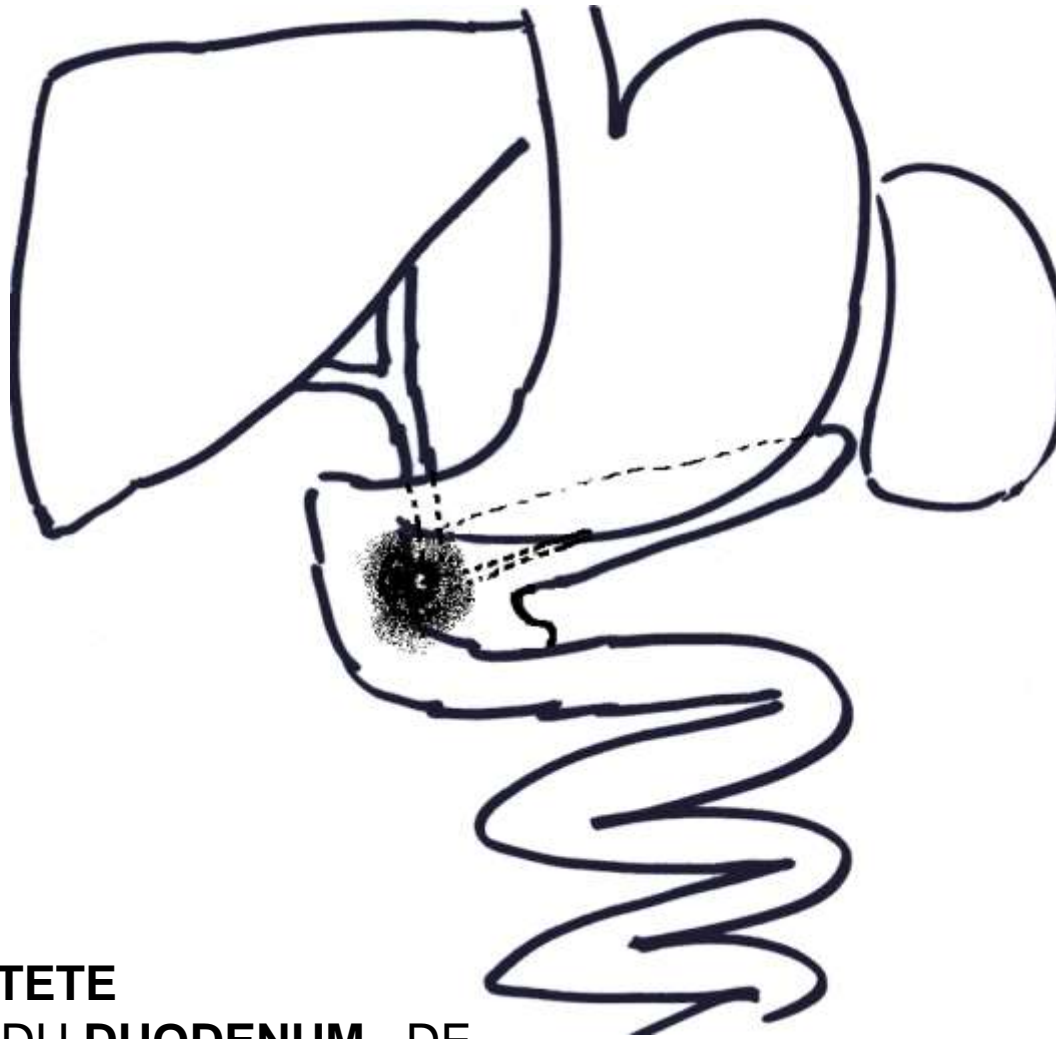
- COLON
  - RECTUM
  - ESTOMAC
  - ŒSOPHAGE
  - PANCREAS**
  - FOIE
  - AUTRES
-

# LE CANCER DU PANCREAS

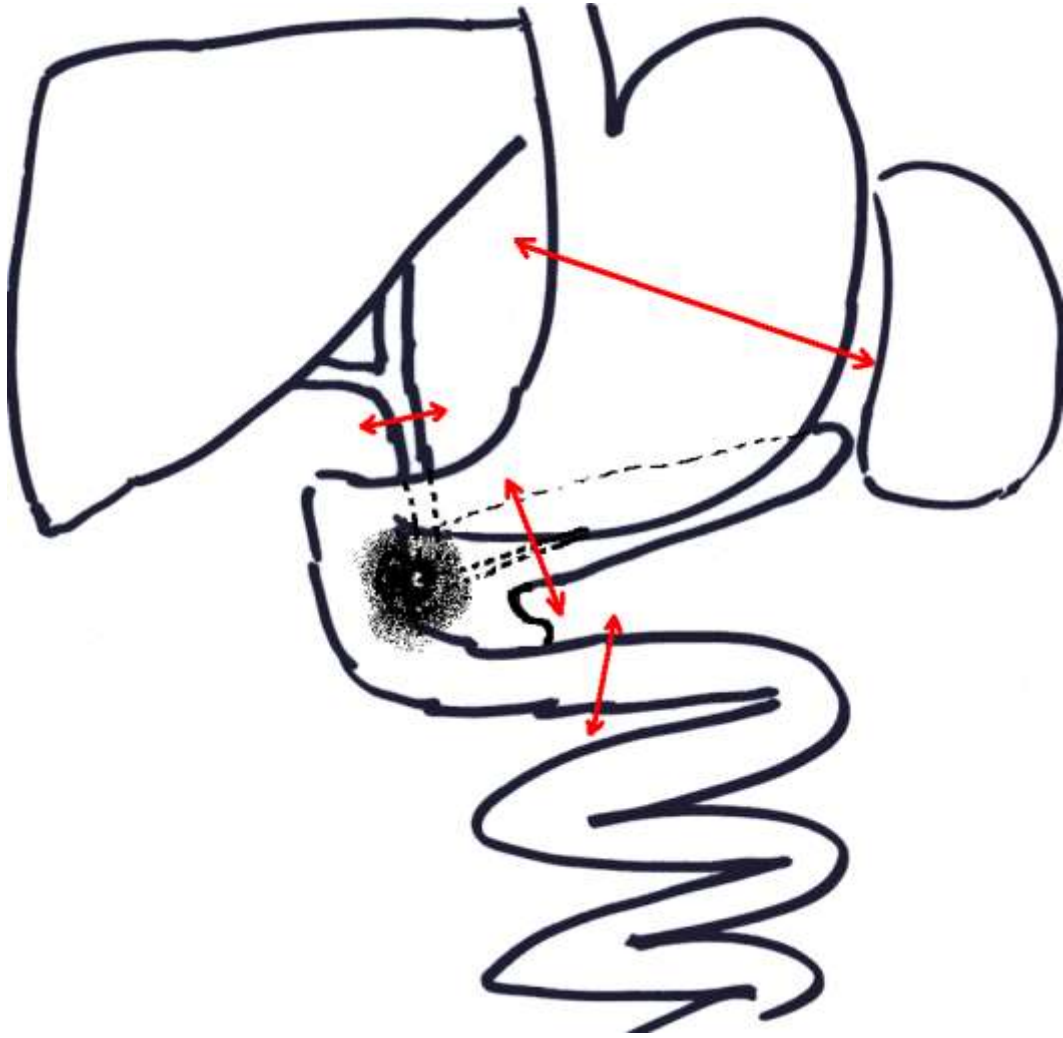
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- 2700 nouveaux cas par an
  - Résécabilité 15%
  - Survie 3% à 5 ans
-

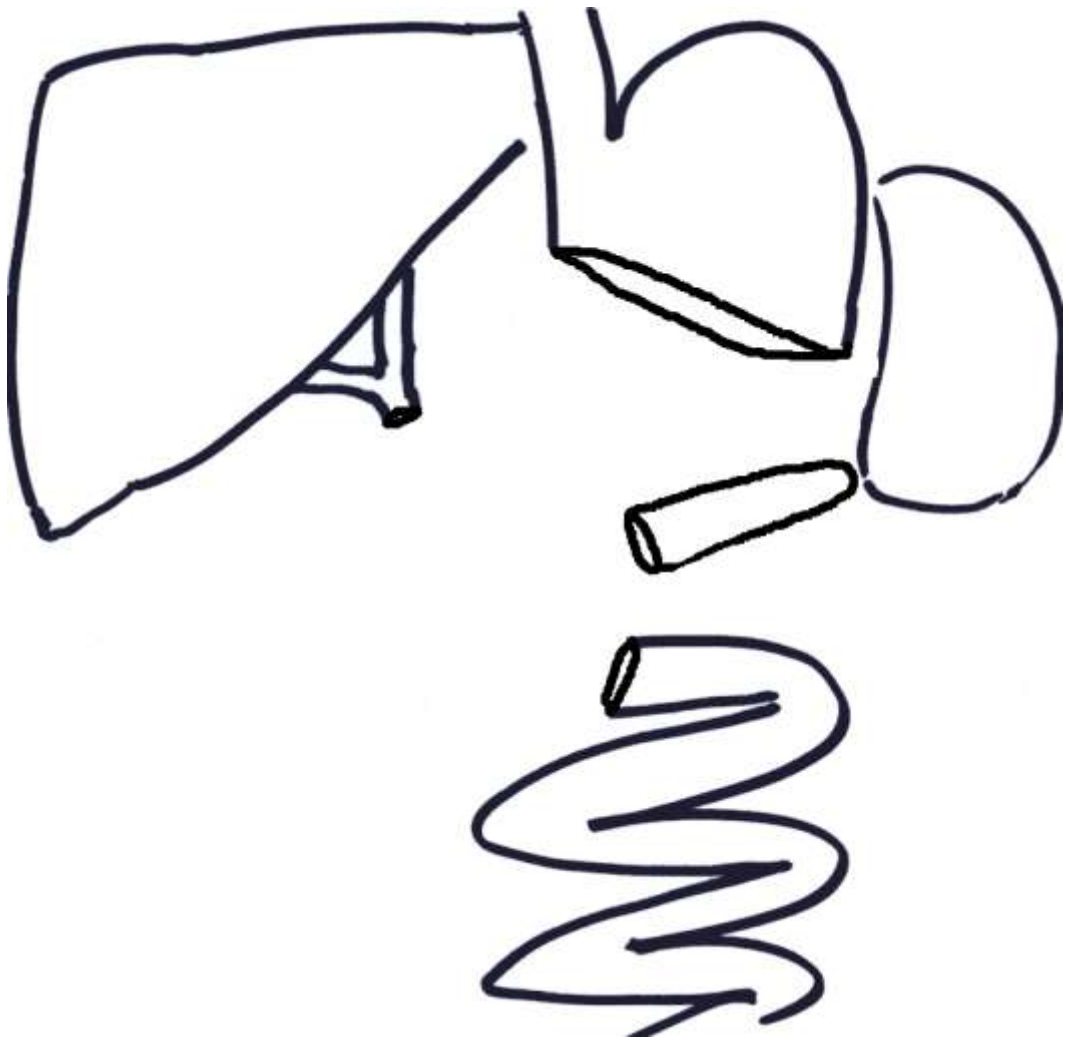


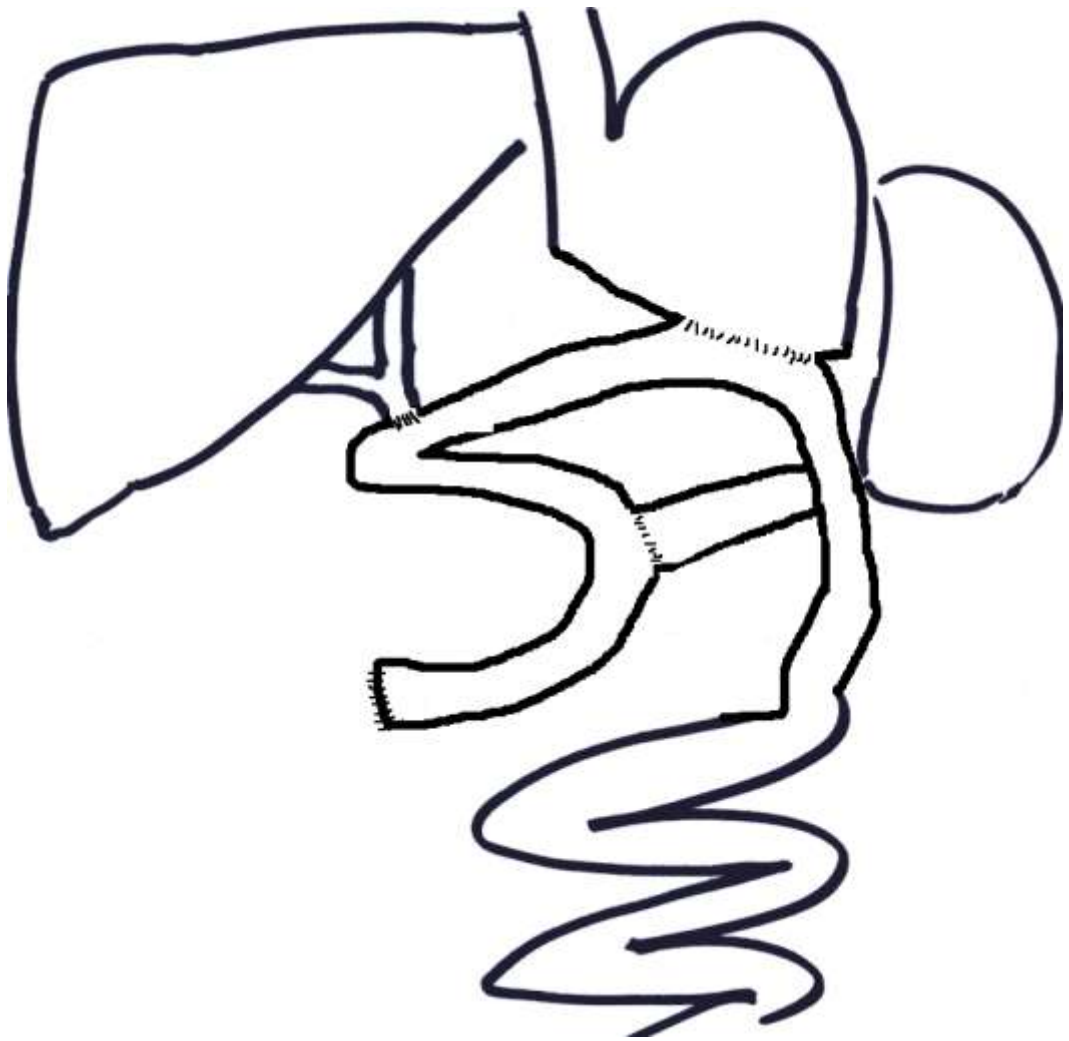


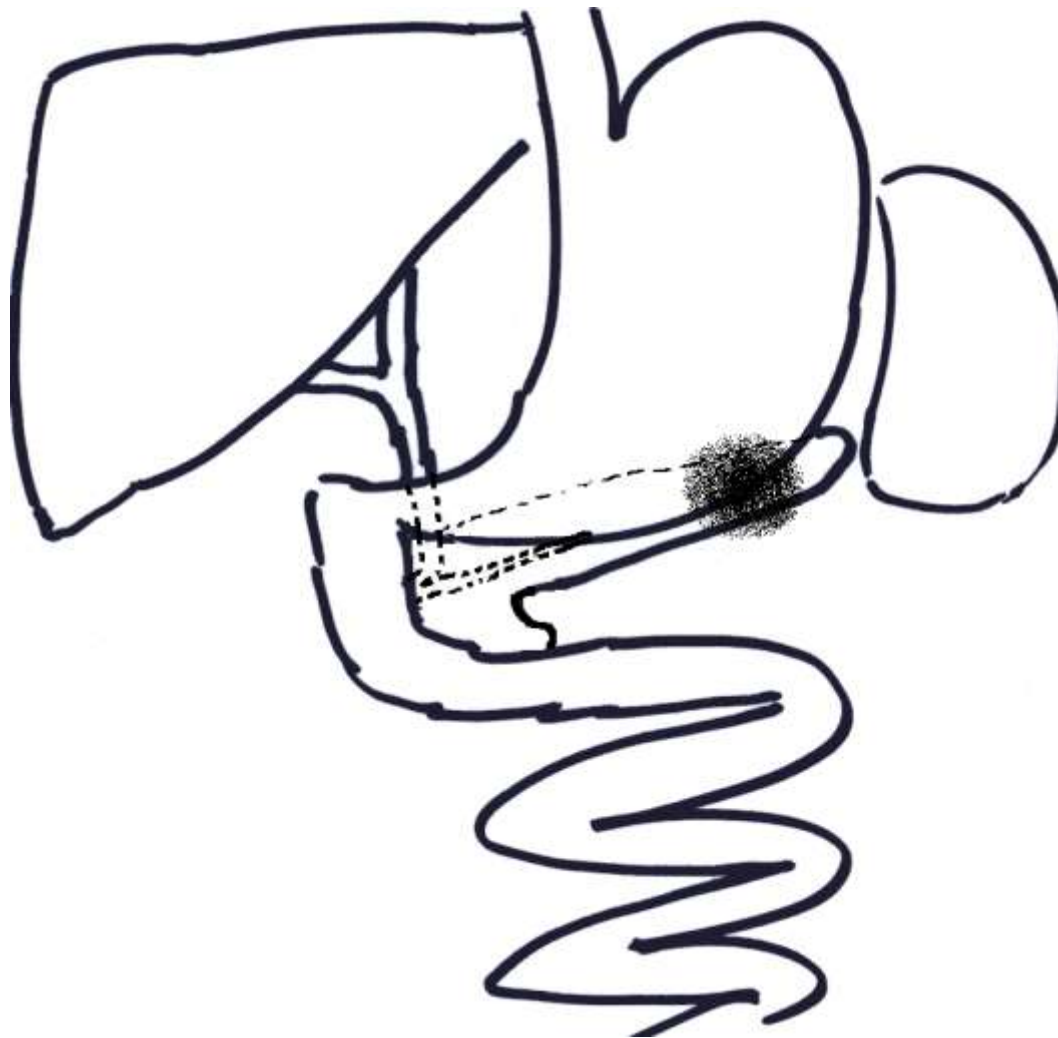
**CANCERS DE LA TETE  
PANCREATIQUE, DU DUODENUM , DE  
LA PAPILLE, DU BAS CHOLEDOQUE**



DPC



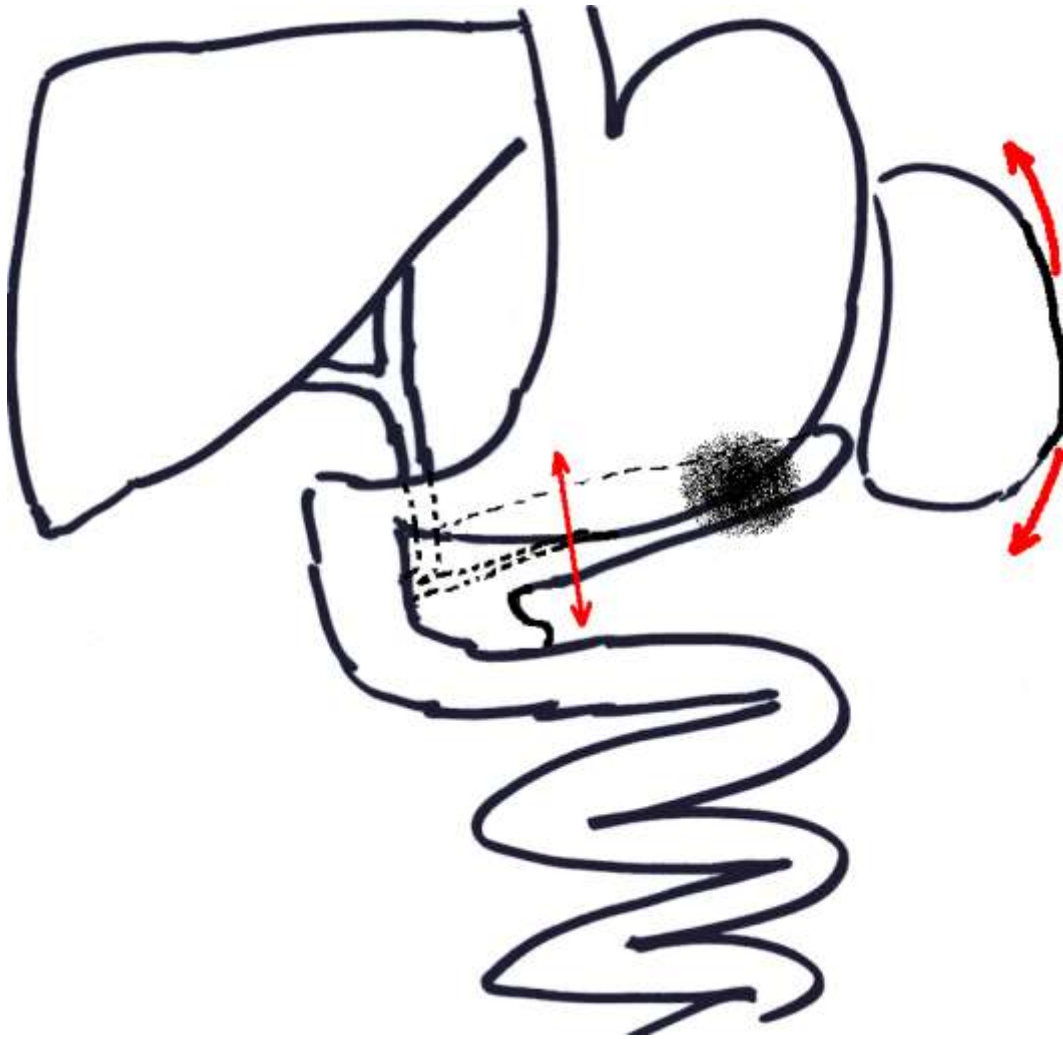


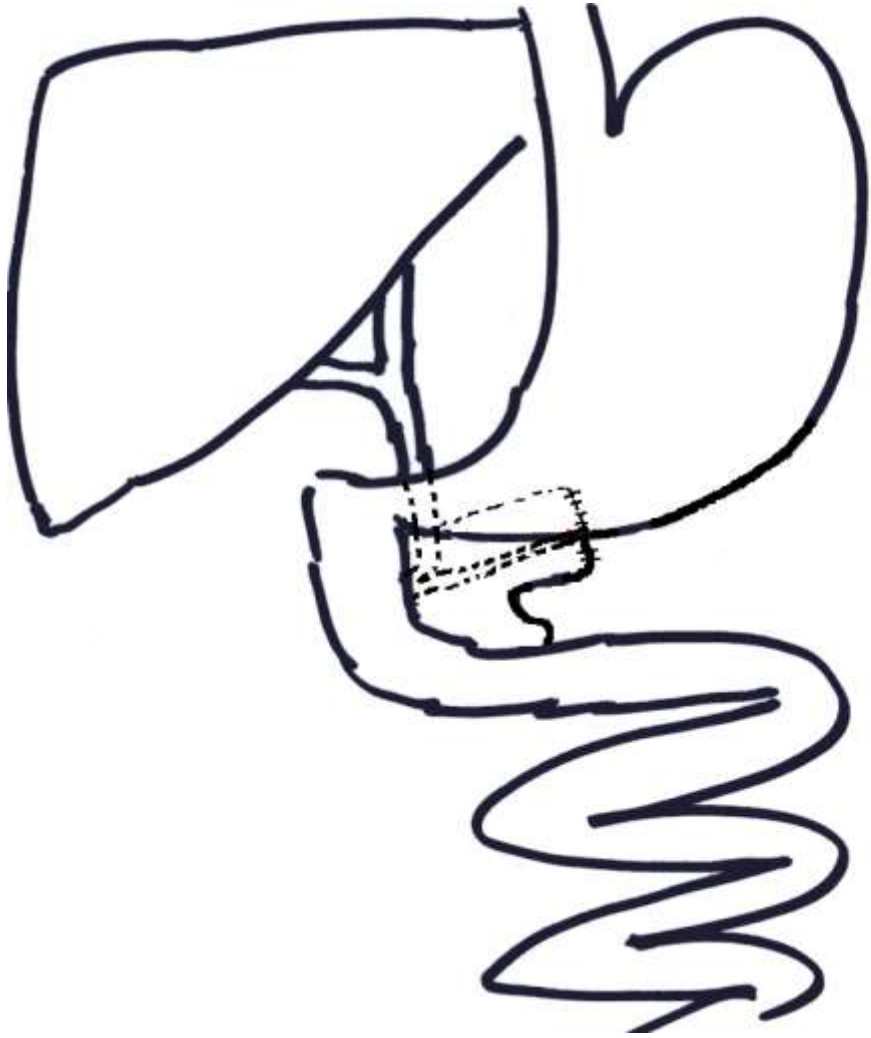


QUEUE DU PANCREAS

SPLENOPANCREATECTOMIE G







# LES DIFFERENTES LOCALISATIONS

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- COLON
  - RECTUM
  - ESTOMAC
  - ŒSOPHAGE
  - PANCREAS
  - FOIE**
  - AUTRES
-

# CANCER DU FOIE

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- ❑ 5000 nouveaux cas
  - ❑ Alcool ou hépatite B,C → cirrhose  
→ cancer
  - ❑ Guérison 10%
  - ❑ Si possible exérèse, éventuellement transplantation
  - ❑ Le plus souvent T. palliatif
-

# LES DIFFERENTES LOCALISATIONS

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- COLON
  - RECTUM
  - ESTOMAC
  - ŒSOPHAGE
  - PANCREAS
  - FOIE
  - AUTRES**
-

# AUTRES LOCALISATIONS

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- ❑ DUODENUM  
cf. tête du pancréas
  - ❑ GRELE  
résection anastomose
  - ❑ ANUS  
RT-CT, AAP si besoin
  - ❑ VESICULE, VOIES BILIAIRES  
exérèse si possible; souvent chir. palliative ou endoprothèse
  - ❑ FORMES PARTICULIERES: lymphomes
-

# OPERATIONS PALLIATIVES = DERIVATIONS INTERNES

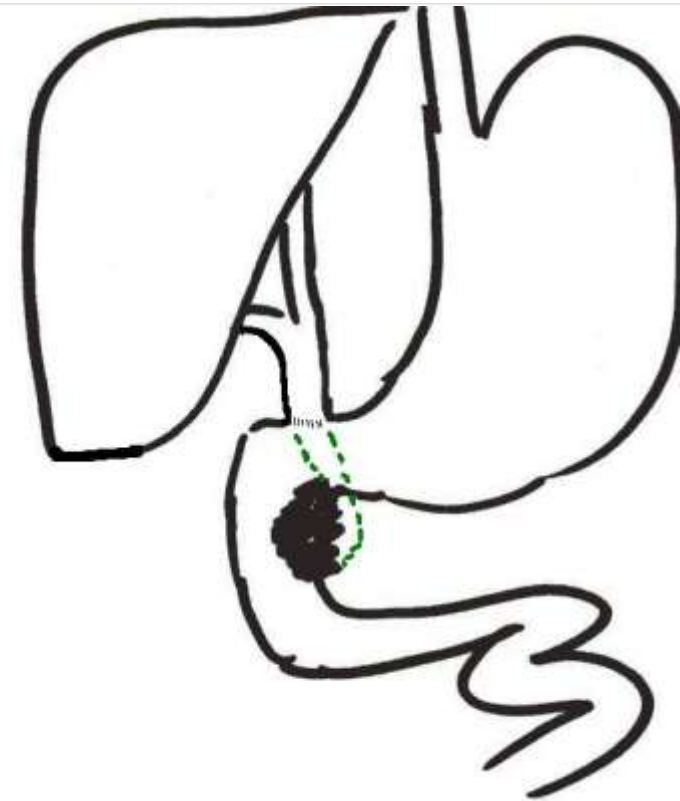
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DERIVATION ILEO-  
TRANSVERSE



GASTROENTEROSTOMIE



ANASTOMOSE  
CHOLEDOCO-DUODENALE

# PLAN

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## □ GENERALITES

- Place de la chirurgie
- Principes du traitement chirurgical
- Suites

## □ LES DIFFERENTES LOCALISATIONS

## □ **RECIDIVES ET METASTASES**

## □ FILMS

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# RECIDIVES ET METASTASES

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## □ RECIDIVES

- rarement opérables: colon, rectum
- inopérables: pancréas, œsophage...

## □ METASTASES

- hépatiques: chirurgie si possible,  
CT
  - pulmonaires: " " "
  - etc...
-