Gastric Cancer. Extended (D2) Lymph-Node Dissection or Limited (D1) Dissection

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Summary

The extended (D2) lymph-node dissection for the gastric cancer treatment, as recommended by the Japanese medical community (JRSGC)[1,2], has never gained widespread popularity between Western surgeons[3], who perform a limited (D1) dissection. In the West the D2 lymph-node dissection is considered as a technique with higher morbidity and mortality[4]. The objective of this trial is to compare in terms of morbidity and mortality, the Japanese (D2) and Western (D1) dissection.

Methods

Between May 1993 and December 1999, a total of 76 patients entered the study. Of these patients, 35 in the D1 group and 41 in the D2 group underwent R0 or R1 resection. All operations involving D2 dissection were attended by the surgeon who had specially trained in D2 dissection. We compared D1 with D2 lymph-node dissection for gastric cancer in terms of postoperative complications, mortality and median hospital stay.

Statistic analysis: To the analysis of the comparitality between both groups, it has used the proportion comparison of associate diseases with the χ^2 test. To the analysis of the morbi-mortality between both groups we have used the proporcion comparation using the χ^2 test and the Fisher´s exact test when it was appropriate. The Student´s t test was used to compare the median hospital stay, and with the Levene´s test to check