Table 3 Characteristics of patiens in both series

	Dissection		
	D1	D2	P Value
	(n=35)	(n=41)	
Age (median)	69a	64a	ns
Sex ratio(M:F)	77% (27p)	61% (25p)	ns
High presure	23% (8p)	27% (11p)	ns
NIDDM*	7% (3p)	19% (8p)	ns
IDDM**	3% (1p)	1% (1p)	ns
Heart deseases	11% (4p)	12% (5p)	ns
Liver deseases	3% (1p)	5% (2p)	ns
Urologic deseases	23% (8p)	12% (5p)	ns
Macroscopic invasion			ns
[5]Not invasive	45% (16p)	44% (18p)	
[55]Invasive	55% (19p)	56% (23p)	
Pathological stage			ns
E I	21% (7p)	31% (12p)	
E II	17% (6p)	6% (2p)	
EIII	31% (11p)	45% (17p)	
E IV	31% (11p)	18% (7p)	

*No insulin dependent diabetes mellitus., **Insulin dependent Disbetes mellitus

[5] Early gastric Cancer, Borrmann 1 y Borrmann 2 . [55] Borrmann 3 y Borrmann 4

Three patients in the D2 group were no clasificable

a morbility of 83%. Also splenectomy, in D1 group as well as in D2 one, has been an aggravating factor in the morbility, 33% in D1 and 66% in D2. Median hospital stay has been 11 days in the D1 group and 17 days in the D2 group (p=0.012) (table 4). Postoperative mortality was similar in D1 and D2 groups (table 4).

Discussion

Regardless of the results in recent trials[5,6], D2 limphadenectomy should be included for gastric cancer treatment[7]. We included R0 and R1 resection in our trial because, in our opinion, we think it has no influence in postoperative morbimortality results. The high number of complica-