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RESECTABLE SMALL BOWEL CANCER: CLINICAL PRESENTATION, SURGICAL OUTCOMES AND PATHOLOGICAL FINDINGS FROM A 10-YEAR ANALYSIS
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Small bowel cancer represents a rare malignancy with an increasing incidence observed in recent decades, particularly in developed nations. The pathology presents significant diagnostic challenges due to its clinical heterogeneity and predominantly late-stage detection during complications. Despite its rising prevalence, there remains a paucity of comprehensive clinical and pathological data, making diagnosis and treatment protocols debatable. The necessity for detailed analysis of clinical-pathological characteristics becomes paramount for improving patient outcomes and standardizing treatment approaches.

This study aimed to conduct a comprehensive analysis of clinical and pathological characteristics in patients with primitive small bowel cancer over a decade-long period within a general surgery unit. The investigation specifically focused on resectable cases with R0 resection potential to establish patterns in presentation, diagnosis, and treatment outcomes.

A retrospective analysis of 46 patients with resectable small bowel cancers was performed. The inclusion criteria encompassed patients aged ≥18 years with histopathologically confirmed primitive small bowel cancer. Patients presenting with distant metastasis or advanced inoperable tumors were excluded. The study collected and analyzed demographic data, clinical presentations, imaging findings (CT, MRI), surgical interventions, and detailed pathological characteristics. Statistical analysis was performed using MedCalc version 20.218 software, with significance set at $p<0.05$.

The study revealed a marked male predominance (65.22% males vs 34.78% females) with a mean age of 66.4±11.7 years. Anatomical distribution showed predominant involvement of the ileum (50%) and jejunum (32.60%), with duodenal and duodenojejunal flexure tumors each accounting for 8.69% of cases. Notably, 93.4% of cases were diagnosed during complications, with stenosis (54.34%) and bleeding (21.73%) being the most frequent presentations. Histopathological analysis demonstrated adenocarcinoma as the predominant type (56.52%), followed by lymphoma (23.9%), sarcoma (17.39%), and carcinoid tumors (2.17%). Multiple tumor locations were observed in 8.7% of cases, representing a particularly challenging subset. CT scanning proved highly effective, establishing diagnosis in over 90% of complicated cases. Immunohistochemical analysis was essential for definitive diagnosis in all cases.

Survival analysis revealed significant correlations with tumor aggressivity, lymph node invasion status, and tumor multiplicity. Seven patients (15.21%) achieved five-year survival without disease progression, all characterized by unique, moderately differentiated tumors without lymph node invasion.

This comprehensive analysis underscores the complex nature of small bowel cancer diagnosis and management. The predominance of diagnosis during complications highlights the need for improved early detection strategies. Long-term survival demonstrates significant dependence on tumor aggressivity, lymph node invasion status, and tumor multiplicity. The study emphasizes the critical role of immunohistochemistry in achieving complete diagnosis and the necessity of considering multiple tumor locations as a distinct entity with poorer prognosis. The findings emphasize the necessity for enhanced surveillance strategies in high-risk populations and underscore the importance of prompt surgical intervention when indicated.