

Outcome of pulmonary metastasectomy in patients with previous colorectal malignancy

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BACKGROUND: There is limited information on the safety, effectiveness and long-term survival of patients following pulmonary metastasectomy for colorectal malignancies in Wales.

METHODS: All patients who underwent pulmonary resection for colorectal malignancies at our institution between 2009 and October 2015 were reviewed. Postoperative morbidity, mortality and long-term survival were analyzed.

Results: There were 41 patients (24 male [58.5%], median age 63 years [Interquartile range [IQR] 56-71 years) with metastatic disease limited to the lung and/or liver. The primary tumour originated in the colon in 5 (12%), sigmoid in 15 (36.5%) and the rectum in 21 (51.5%) patients. Histopathology was adenocarcinoma in all patients. The median disease free interval was 2 years (range 0-6 years). Whilst 8 patients (19.5%) had bilateral lung metastases, 33 patients (80.5%) had unilateral disease. 7 (17%) patients had liver metastasis, all of them underwent resection. 47 (98%) sub-lobar resection and 1(2%) lobectomy were performed in the 41 patients, with 35 patients (85%) requiring a unilateral procedure and 6 patients (15%) requiring a bilateral procedure. All patients had complete R0 resection. The 30 days and 90 days hospital mortality was zero (0%). The actual 1-year survival was 97% and 5 years actuarial survival was 89% (95% Confidence Interval 81% - 94%).

CONCLUSIONS: Pulmonary resection for metastatic colorectal disease in selected patients is safe and effective with good long term survival.