

A META-ANALYSIS ON THE CLINICAL OUTCOMES OF BRIDGE TO SURGERY STENTING VERSUS EMERGENCY SURGERY IN MALIGNANT LEFT SIDED COLONIC OBSTRUCTION

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INTRODUCTION: Left-sided malignant colonic obstruction was conventionally managed by emergency operation until the introduction of bridge to surgery stenting (BTS stenting). Despite evidence showing superior short-term outcome, the long-term oncological safety for BTS stenting is still questionable. Large-scale comparative studies on the long-term outcomes were scarce. The aim of this meta-analysis was to compare the short-term and long-term outcomes of BTS stenting and emergency surgery for malignant left-sided colonic obstruction.

METHOD: Two authors systematically reviewed literatures available in PubMed in the recent ten years on both short and long-term outcomes for the two approaches. Meta-analysis for short & long-term outcome was performed with random effect model.

RESULTS: BTS stenting has significantly less postoperative morbidities when compared with emergency surgery (RR= 0.64; $p < 0.001$). Permanent stoma rate and postoperative mortality were comparable between the two groups. However, BTS stenting was associated with a higher chance of loco-regional and systemic recurrence (RR = 1.91; $p = 0.008$), especially for the perforated cases (RR = 2.08; $p = 0.026$), when only the randomized controlled trials were included. Nevertheless, there was no significant difference in terms of survival between the two groups.

CONCLUSION: BTS stenting has superior short-term outcome but there is a concern for higher incidence of recurrence. Although no difference in survival outcome was demonstrated in this study, the scarcity of data in this regard should prompt more research and the follow-up results of some of the earlier randomized control trials should help to answer such query.