

Cytoreductive Surgery with Hyperthermic Intraperitoneal Chemotherapy in the Management of Intractable Ascites Secondary to Peritoneal Surface Malignancies

Introduction:

Despite better systemic control of metastatic disease, intractable ascites remains a morbid condition in patients with peritoneal carcinomatosis. As the fluid becomes loculated, the intervals between paracentesis and the amount of fluid drained significantly decreases with a negative impact on Quality of Life.

Materials and Methods: We reviewed our records on patients with Peritoneal Surface Malignancies from January 2005 to August 2006. There were 65 patients. After all surgical resections were completed, we performed a hyperthermic intraperitoneal perfusion with Mitomycin C at 42 degree Celsius for 90 minutes via the closed technique. Intraoperatively, we documented the presence or absence of ascites. We also recorded whether they required preoperative and / or postoperative paracentesis.

Results: Ascites was documented in 31 (48%) of the 65 patients. Seventeen (55%) had at least 2 liters of ascites drained during surgery. Mean age was 63. Fourteen patients had appendix cancer, 2 had colon cancer, and 1 had peritoneal mesothelioma. The average amount of ascites was 4.5 liters (2 to 15). Twelve of the patients required preoperative paracentesis. Mean follow up was 8 months (2 to 19). Only 1 (0.6%) patient has required a postoperative paracentesis. Table 1.

Conclusion:

In patients with intractable ascites secondary to Peritoneal Surface Malignancies, Cytoreductive Surgery with HIPEC can have a meaningful impact on the need for repeated paracentesis, improving the patient's Quality of Life. This group of patients should be referred to a Peritoneal Surface Malignancy Center as part of the initial multidisciplinary treatment approach.

Table 1.

| Patient | Ascites Drained at Surgery | Previous Paracentesis | Pathology | F/U (months) | Status | Further need for Paracentesis |
|----------------|-----------------------------------|------------------------------|------------------|---------------------|---------------|--------------------------------------|
| 1 | 2000 cc | Yes | Appendix | 19 | AWD | No |
| 2 | 4100 cc | Yes | Appendix | 19 | AWD | No |
| 3 | 3400 cc | Yes | Appendix | 16 | AWD | No |
| 4 | 2000 cc | No | Appendix | 15 | AWD | No |
| 5 | 2000 cc | Yes | Appendix | 12 | AWD | No |
| 6 | 3700 cc | Yes | Colon | 6 | DOD | No |
| 7 | 7500 cc | Yes | Appendix | 8 | AWD | Yes |
| 8 | 2500 cc | Yes | Colon | 4 | AWD | No |
| 9 | 3000 cc | Yes | Appendix | 8 | AWD | No |
| 10 | 4000 cc | No | Appendix | 7 | AWD | No |
| 11 | 6000 cc | No | Appendix | 2 | DOD | No |
| 12 | 15000 cc | Yes | Appendix | 5 | AWD | No |
| 13 | 3000 cc | Yes | Appendix | 4 | AWD | No |
| 14 | 3000 cc | No | Appendix | 4 | AWD | No |
| 15 | 6000 cc | Yes | Mesothelioma | 3 | AWD | No |
| 16 | 7000 cc | Yes | Appendix | 3 | AWD | No |
| 17 | 2000 cc | No | Appendix | 2 | AWD | No |

