

7 – DO INTRAOPERATIVE ANALGESICS INFLUENCE LONG TERM SURVIVAL AFTER COLORECTAL SURGERY FOR CANCER?

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OBJECTIVES:

To review the incidence of cancer mortality after surgery for colorectal cancer in the way to investigate the possible impact of epidural analgesia, sufentanil and NSAIDs.

BACKGROUND:

The impact of intraoperative analgesia on oncologic outcome remains largely unknown. Opioids may favor relapse, whilst locoregional analgesia and NSAIDs may improve prognosis. Large series are needed to investigate these effects.

After approval of the Institutional Ethics Committee, 412 consecutive patients who underwent (hemi-)colectomy and/or proctectomy with lymphadenectomy for colorectal cancer were included.

We compared the incidence of cancer mortality in patients who received different techniques of analgesia during and after the surgery. Analysis by the Kaplan-Meier was used to calculate the cumulative incidence of mortality due to cancer. The log-rank test was used to compare groups. Cox proportional regression was used according for multivariate analysis.

RESULTS:

Oncological prognostic factors were comparable between groups. Univariate and multivariate analysis showed a significantly lower cumulative incidence of cancer mortality in patients with epidural ($P < 0.05$) but no significant difference with the use of other analgesics (ketorolac, diclofenac and sufentanil)

CONCLUSION:

This retrospective analysis suggests that epidural analgesia could have a positive impact on the long term survival after oncological colorectal surgery. These data confirm those of other studies but mechanisms must be investigated and results confirmed in prospective studies.

KEYWORDS:

Cancer, analgesics, mortality.

8 – TEMPORAL CHANGE IN PROPAGATION OF REPEATED CORTICAL SPREADING DEPRESSIONS IN RATS

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OBJECTIVES:

We studied the propagation of CSD from the occipital cortex rostrally towards frontal cortex.

BACKGROUND:

CSD is a wave of massive neuronal and glial depolarization followed by neuronal inactivation propagating over the cortex at a velocity of about ± 3 mm/min. In humans CSD occurs in brain injury, ischemia, epilepsy and migraine aura. The propagation of repeated cortical spreading depressions (CSDs) is not uniform in the rat cortex (Eislet et al., 2004; Chen et al, 2005). We hypothesized that for a given cortical area there is no correlation between susceptibility for CSD induction and propagation. We expected better occipito-occipital CSD propagation than an occipito-frontal one. We recorded CSD in 12 male Sprague-Dawley rats under 400 mg/5ml/kg BW chloral hydrate anesthesia ipsilaterally from two cortical areas: frontal (Bregma AP+1, R+2) and anterior occipital (AP -4, R +2) at a depth of 1 ± 0.2 mm. The electrocorticogram (DC-100 Hz) was recorded during 2 hours of continuous stimulation of the posterior occipital cortex (AP-7, R+2) by application a cotton ball soaked with 1 M KCl.