

복강경 대장절제술 : 현재와 미래

Laparoscopic Colectomy : Present and Future

174 - 13

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(1) 10

Abstract

At present, laparoscopic colon resection for benign and early malignant lesions is quite acceptable because of fast recovery and minimal morbidity. Laparoscopic curative surgery for advanced colorectal cancer, however, remains controversial because long-term oncologic outcomes are yet unavailable from multicenter randomized trials. Very recently, a timely important randomized study, focusing on the long-term survival and recurrence, was published. It showed laparoscopic resection had low risks of tumor recurrence and cancer-related death compared with open resection, especially in patients with stage III disease. The important message in this paper is not just that the laparoscopic approach is better, but that it may be better when performed by experienced hands. In this review, oncologic issues of laparoscopic cancer resection will be discussed, then the current role of laparoscopy for benign colorectal diseases will be briefly described. Finally, the proven and potential advantages of laparoscopic colectomy over open colectomy will be discussed. This article clearly reviews the current status and future perspectives of laparoscopic surgery for both benign and malignant colorectal indications.

Keywords : Laparoscopy; Colectomy; Benign; Malignant

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2002

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가

2. (Port - site Recurrence)

가?

1. 가 가 가?

가 가

port - site

recurrence 1990

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(pneu-

moperitoneum)

가

(2, 3).

(free

가

floating cancer cell)가 가

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(11),

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(12)

1.1%

(13)

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가 가

(technical problem)

(14).

(4, 5).

3.

가 가?

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(6~8)

가

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가

(15, 16)

3 (=

169

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(9)

20

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AJCC(American Joint Committee

가 .

on Cancer)가

, T3 T4

-

-

7~14 (10)

77

22 (7~52) 3 5
 2.9%, 8.8% 84% 5 48%
 (17). Cox model
 가 (probability of being free
 of recurrence) 1 , 0.39(95%
 CI 0.19~0.82),
 (cancer - related survival) 1
 0.38 (95% CI 0.16~0.91)

4. 가?
 가
 (randomized)
 가 가 가
 (18, 19)
 (20, 21)
 5 가 가
 (22) 가

(minimal manipula-
 tion) 가 3
 COST study, CLASSIC study, LAPKON study, COLOR study)
 (COST study :
 2001 9 , COLOR study : 2003 3)

2002 6
 5.
 (8) 가 219
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2) 가 : .

3) : 1.

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가 가

5) , (trans-

: abdominal)

(26).

6)

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가 (23, 24).

(27).

6. (Palliative Therapy)

(palliation) 2.

(stoma crea- 가 가

tion) 가 (25). , 가 .

가 가 가

tumor burden ,

가

가

(28)

688 :

가

119

(9~120)
1 (0.8%)

가

10

Lahey Clinic

60.7

가

(33).

(8)

가



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hand - port - 2002.
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