

DUODENOJEJUNAL BYPASS IN DIABETIC GASTRIC CANCER PATIENTS

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(Objective) Metabolic surgery in non-obese diabetics has been tried by various methods. Effect of duodenojejunal bypass on diabetes could be studied by the modification of reconstruction after curative gastrectomy for diabetic gastric cancer patients.

(Method) From June 2007 to December 2009 we performed our modified RY gastrojejunostomy procedure of duodenojejunal bypass with bypassed proximal jejunum over 100cm after curative distal gastrectomy for 18 diabetic gastric cancer patients. The bypassed proximal jejunum were 100-190cm (134.3cm in average) as the sum of Roux and Y limbs. The durations of diabetes were 6.4 years in average, and diabetes was managed by oral hypoglycemic agent in all of the patients.

(Result) Diabetes had been remitted in 7 patients among 18 patients (38.9%) at the 1 year or more follow up, with HbA1c level of 7.0% or less without medication. The serum ferritin and VB12 levels were within normal limit in most of patients.

(Conclusion) Bypass of duodenum and lengthened proximal jejunum with distal gastrectomy is acceptable in nutrition. Some portion of diabetic gastric cancer patients could be in remission of diabetes with bypass of duodenum and long proximal small bowel in gastric cancer surgery. Randomized prospective clinical trial of metabolic surgery for diabetic gastric cancer patients is necessary to evaluate the metabolic effect of duodenojejunal bypass on non-obese diabetics.