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Risk factors for anastomotic leakeage following colo-rectal resections for cancer

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Purpose: To identify the risk and prognosis factors and their predictive value for anastomotic leakage after colorectal resections following cancer.
Patients and methods: 1743 consecutive patients who underwent colic resections or rectal resections for colo-rectal cancer between 1996-2005 in Surgical Clinic no. 3 (Cluj-Napoca, Romania) were retrospectively analysed.
Results: A total of 54 (3.09 percent) anastomotic leaks were confirmed. Univariate analisys showed that the preoperative variables significantly associated with anastomotic leakage included weight loss, smoking, cardiovascular disease, lung disease, hypoproteinemia, diabetes, anemia, leukocitosis, presence of two or more underlying diseases. Use of alcohol, cerebrovascular disease, bowel preparation, mode of antibiotic prophylaxis, type of handsewn anastomosis, tumor location, tumor stage and tumor histology were nonsignificant variables. Hipoproteniemia (S - proteins<60g/dl) and anemia (S Hb<11) remained significant in logistic regression model.
Conclusions: Our study shows that a value of S-proteins lower than 60 g/l and s-Hb lower than 99 g/l can be consider as predictive marker for anastomotik leak deshiscence.
Key words: anastomotic leak, risk factors, predictive markers

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