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Peritoneal carcinomatosis was thought for a long time to be a terminal disease with limited surgical options and only amenable to palliative treatment. Earlier studies showed that the median survival of patients with peritoneal carcinomatosis was from 5.2 to 7 months [3, 6, 8]. Due to these dismal results, new therapeutic modalities emerged, including cytoreductive surgery (CRS) with hyperthermic intraperitoneal chemotherapy (HIPEC).

Current Management of Peritoneal Carcinomatosis From ...

The management of peritoneal carcinomatosis from colorectal cancer is evolving. The introduction of new chemotherapeutic and biologic agents has certainly improved the outlook for many patients with metastatic colorectal cancer. Traditionally, patients with limited hepatic or pulmonary metastases were the only candidates for metastasectomy.

Management of Peritoneal Carcinomatosis from Colorectal Cancer

Most peritoneal carcinomatosis tumors don't shrink very much, or at all, in response to chemotherapy. Because of that, many doctors focus on palliative care to manage symptoms, ease pain, and ...

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Peritoneal carcinomatosis should be considered if ascites present with irregular peritoneal thickening, nodular omental and peritoneal deposits, omental caking. Attempt should be made to search for primary site.

Peritoneal carcinomatosis - Wikipedia

Peritoneal carcinomatosis pain tends to respond to anti-inflammatory agents, including steroids (e.g., Decadron 4-16 mg PO/IV every morning) or nonsteroidal anti-inflammatory drugs (NSAIDs), either alone or given as an adjuvant to opioids. 3 Mechanical relief of malignant gastroparesis can be achieved with prokinetic therapy aimed at improving dysfunctional gastric motility. Metoclopramide (Reglan), a dopamine antagonist that sensitizes gastric tissue to the effects of acetylcholine, at ...

Carcinomatous Peritonitis - an overview | ScienceDirect Topics

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