

WORLD CONGRESS OF GASTROENTEROLOGY AND DIGESTIVE DISEASES



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Membrane Anatomy of D2/3+CME for GI Cancer

Abstract: Complete mesocolic excision (CME) or D3 lymphadenectomy led to survival benefits for local advanced right colon cancer, but with vague definitions and debated surgical hazard. Aiming to achieve a precise definition of it in colon cancer treatment, we proposed laparoscopic right hemicolectomy (D3+CME) as a novel procedure, which means excised right mesocolic as complete as possible in D3 field. However, people wonder to know the surgical and oncological results of this procedure. In this perspective single-center cohort study, we compared the surgical and oncological outcomes between D3+CME and conventional CME. D3+CME group performed better in lymph nodes harvested (25.0 [17.0, 33.8] vs. 18.0 [14.0, 25.0], $P < 0.001$) and the proportion of intraoperative blood loss ≥ 50 mL (31.7% vs. 51.8%, $P < 0.001$); no significant difference was observed in the complication rate between two groups. Kaplan-Meier analysis demonstrated that a better cumulative 5-year disease-free survival (91.3% vs. 82.2%, $P = 0.026$) and a better cumulative 5-year overall survival (95.2% vs. 86.1%, $P = 0.012$) were obtained in the D3+CME group. Multivariate COX regression revealed that D3+CME was an independent protective factor for disease-free survival ($P=0.026$). In conclusion, D3+CME could improve surgical and oncological outcome simultaneously for colon cancer compared to conventional CME.

Key words: D3+CME; Complete mesocolic excision; Right-sided colon cancer; Surgery; Survival

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Technical Notes and Short-term Results of Laparoscopic Right Hemicolectomy (D3+CME) for Colon Cancer

Purpose:

To illustrate the critical techniques and safety of laparoscopic D3+CME for right hemicolectomy, according to our previous experience.

Methods:

Anatomical relationships and operative techniques were demonstrated. 100 consecutive patients who underwent right hemicolectomy with D3+CME procedure between December 2014 and December 2017 were included in the present study.

Results:

Under the conception of membrane anatomy, the space between mesocolon and its surrounding structure (mesocolonic bed) was the main surgical plan. Mesenteric dissection line should be extended to the left side of SMA. The medial-to-lateral dissection approach made D3+CME performed efficiently. In this study group, the mean volume of blood loss for each patient was 7.2 ± 3.6 mL. The median operative time was 115 ± 19.5 min. The mean number of harvested lymph nodes was 24.5 ± 9.7 . The median proximal and distal resection margins were 22 ± 12.4 cm and 16.6 ± 7.2 cm. The postoperative complication rate was 11.1 %. The median hospital stay was 11.8 ± 4.9 days. No patients underwent conversion during laparoscopic surgery. All the patients are disease-free during the follow-up periods, the mean follow-up time is 12 months (ranges 3-20 months).

Conclusions:

D3+CME group have lower rates of postoperative complications and better pathologic (specimen lengths, resection margin lengths, number of lymph nodes, and R0 resection rate) outcomes. Based on these results, the technique of D3+CME can be considered as a routine elective approach for right sided colon cancer.

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