

EP 19

TOTAL MESOCOLIC EXCISION AND CENTRAL VASCULAR LIGATION IN TERTIARY CARE CENTER

DD Weerasekera¹, AA Pathirana¹ , T Wjiratne¹, BD Gamage¹, HKKT Duminda², A Kamaladasa², N Harivallavan¹

¹Department of Surgery, faculty of Medical Sciences, University of Sri Jayewardenepura

²University Surgical Unit, Colombo South Teaching

Hospital

Introduction

Total mesocolic excision (TME) and central vascular ligation (CVL) is the potential curative surgical technique in stage II and III colonic adenocarcinoma. Minimum numbers of lymph nodes are defined as 12. The lymph node ratio is a better prognostic indicator than the number of positive lymph nodes. This study is to identify lymph node yield and ratio in technique of TME and CVL.

Material and Methods

Prospective descriptive study, data were collected over period of 8 months. All patients underwent TME and CVL objectively.

Results

13 patients underwent surgery which includes 4 female and 9 males. The mean age of cohort was 60 years (range 40-86). There were 6 right hemicolectomies, 3 extended right hemicolectomies and 4 sigmoid colectomies. Majority of patients had moderately differentiated adenocarcinoma one had mucinous adenocarcinoma and two had poorly differentiated tumour. The average of lymph node harvested was 20 while average positive lymph node was 1.3. The lymph node ratio was 0.06. In pathological staging, 8 (61.5%) had Dukes C and 38.5% of patients had Dukes B tumour. None of patients had clinical anastomotic leak.

Conclusions

The TME and CVL is emerging trend in colonic surgery for adenocarcinoma. Further studies are needed to define adequate number of lymph nodes to be harvested and need long term follow up to assess the prognosis following in TME and CVL.