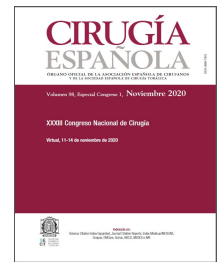




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V-002 - HOW TO KNOW IF D3 LYMPHADENECTOMY HAS BEEN PREFORMED IN RIGHT HEMICOLECTOMY. THE PATHOLOGY REPORT EXAM

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Resumen

Objectives: Currently, we do not have anatomopathological quality standards that define D3 lymphadenectomy in right hemicolectomy. The right mesocolic sail and the trunk of the right superior colic vein have been proposed as anatomopathological standards for right hemicolectomy with D3 lymphadenectomy. Our aim is to prove the correct application of these concepts in the macroscopic study of the surgical specimen.

Methods: First phase in the cadaver in which the bases of the surgical technique are established fulfilling the proposed anatomopathological standards. Second phase showing real laparoscopic surgery of right hemicolectomy with D3 lymphadenectomy. Third phase, which shows how the macroscopic anatomopathological study should be carried out to know if the D3 lymphadenectomy has been performed properly.

Results: Analysis of the surgical piece, determining the preservation of the right mesocolic sail, by the presence of the surgical trunk of Gillot and the ileocolic vessels. In addition to the high ligation of the right superior colic vein for inclusion of its trunk in the surgical piece. The total number of lymph nodes was 25, of which 8 were positive, of these, 5 were in the area defined as D3 lymphadenectomy, being 1 positive.

Conclusions: The mesocolic sail and the trunk of the right superior colic vein are reproducible anatomopathological standards that allow us to know if a D3 lymphadenectomy has been performed or not in a right oncological hemicolectomy.