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Is totally laparoscopic resection with complete mesocolon excision for splenic flexure cancer a safe and oncologically correct procedure?

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Aim: Splenic flexure (SF) cancer represents a not common condition and its treatment is still under debate. Laparoscopic surgery is nowadays well accepted for treatment of colon cancer at any stages; however complete mesocolic excision (CME) using laparoscopic approach for SF cancer remains technical demanding. The aim of this study is to prove the safeness and feasibility of the minimally invasive splenic flexure resection for cancer.

Methods: We present a single-institution experience of laparoscopic CME for SF cancer. In-traoperative, pathologic, and postoperative data of patients who underwent laparoscopic SF resection were reviewed to assess technical feasibility and oncologic safety. Technical feature, histopathology, morbidity and mortality were evaluated.

Results: From February 2015 to September 2017 a minimally invasive approach was proposed to 20 patients (M/F 14/6) affected by splenic flexure cancer. In all patients the procedure was completed by laparoscopy. The anastomosis was completed intracorporeal in 95% of the cases. The distal margin was 3.2 ± 2.5 cm and the proximal margin was 6.5 ± 3.2 cm from the tumor site. The mean number of harvested nodes was 13.4 ± 6.1 . The mean operative time was 224.8 ± 38 min, and the blood loss was 80 ± 27 ml. In one case a laparoscopic partial gastrectomy was associated due to tumor invasion. In addition, a laparoscopic subtotal colectomy was performed in another case due to a synchronous right side tumor. Mean post-operative stay was 6.8 days. Readmission was necessary for two patients: in one case due to persistent abdominal pain and medically treated and in a second case due to abdominal fluid collection that was treated by percutaneous drainage. No major morbidity was recorded.

Conclusion: Laparoscopic SF resection with CME is feasible and safe for the treatment of early-stage and locally advanced SF cancer.

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