COMPLETE MESOCOLIC EXCISION AND CENTRAL VASCULAR LIGATION IN COLON CANCER SURGERY, FEASIBILITY AND OUTCOME

Mohamed Ibrahim, MD

General surgery department, Fayoum University hospitals

Background: Colon cancer continues to be a major health problem worldwide. Being the third most common type of cancer in men and the second in women. Standard treatment of colon cancer is based on surgical resection. An adequate number of lymph nodes harvested are important for a correct stabilization of the disease; thereby the extension of the colonic resection remains controversial. Complete mesocolic excision (CME) with central vascular ligation (CVL) has recently been found to improve oncological outcomes in patient with colonic cancer. Complete mesocolic excision is based on a correct identification of the dissection plan between the mesofascial plane and the retroperitoneal fascia, central vascular ligation of the vessels to remove vertical lymph nodes and resection of the affected colonic segment. Methods: This is a prospective study done at general surgery department of Fayoum University hospitals from January 2015 to January 2019 including 60 patients with operable colonic cancer operated with adequate surgical margin, complete mesocolic excision and high vascular ligation. Results: The number of dissected lymph node was 27.7 ± 4.2 and this number is more than that dissected in the conventional colectomy mentioned in many studies in literature, more over larger mesocolon area, longer distance from vascular high ligation point to intestinal wall, and longer distance from vascular high ligation point to tumor center were observed. Conclusion: Surgery in colon cancer patients remains the only curative treatment and applying the principles of complete mesocolic excision and central vascular ligation in colon cancer surgery can improve cancer outcomes without increase the incidence of postoperative complications.

KEY WORDS: complete mesocolic excision, central vascular ligation, colon cancer surgery