

***Surgical Trunk Of Gillot , the clue
for proper Lymphadenectomy in
right colon cancer***

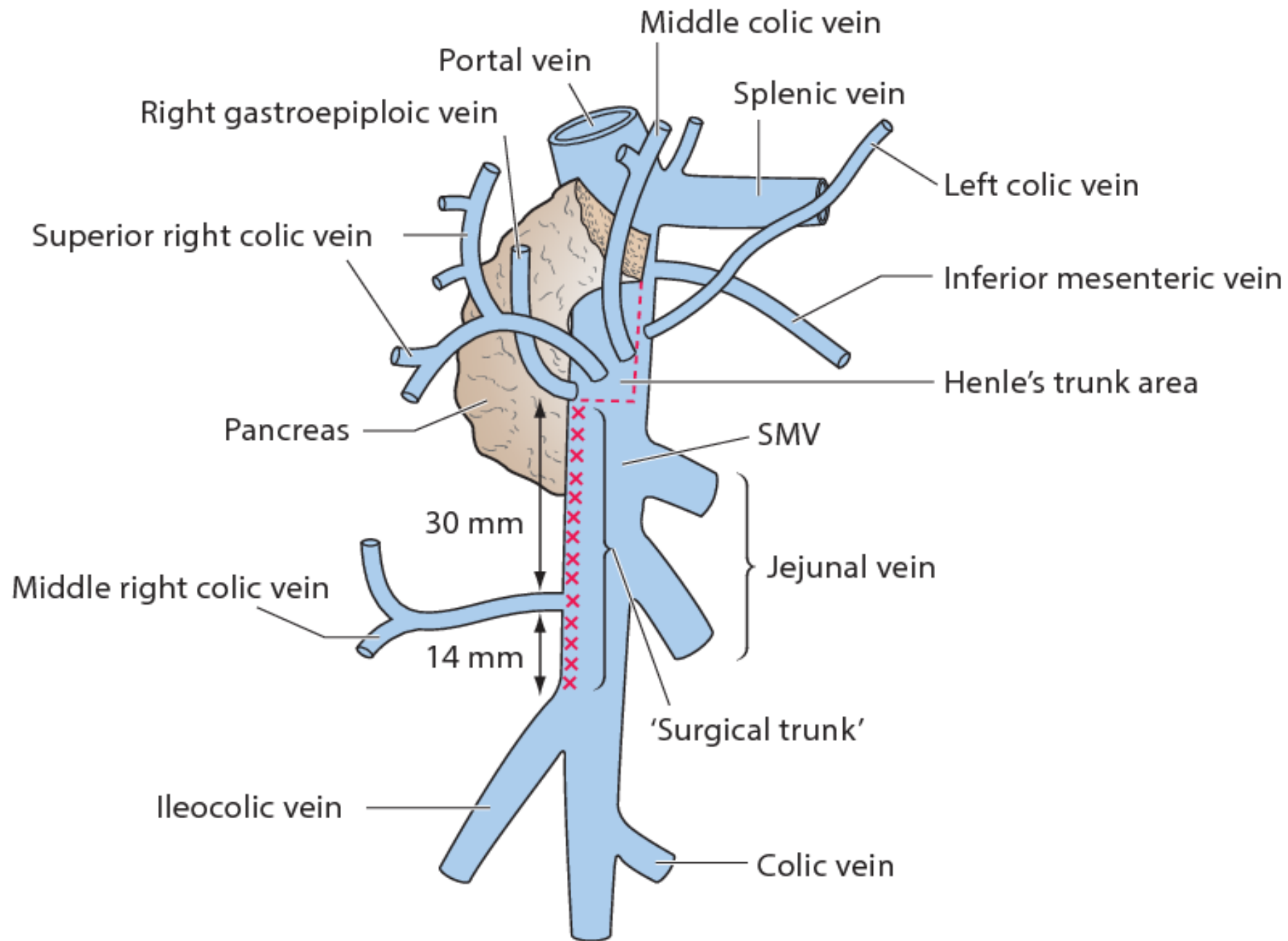
Prof.DR . Mahmoud Abd EL Naby

***The Gillot Concept was First Introduced
Into Japan In 1970s . Since that time two
kinds of definitions have been applied in
Lymph node Dissection of the Right
Colon :***

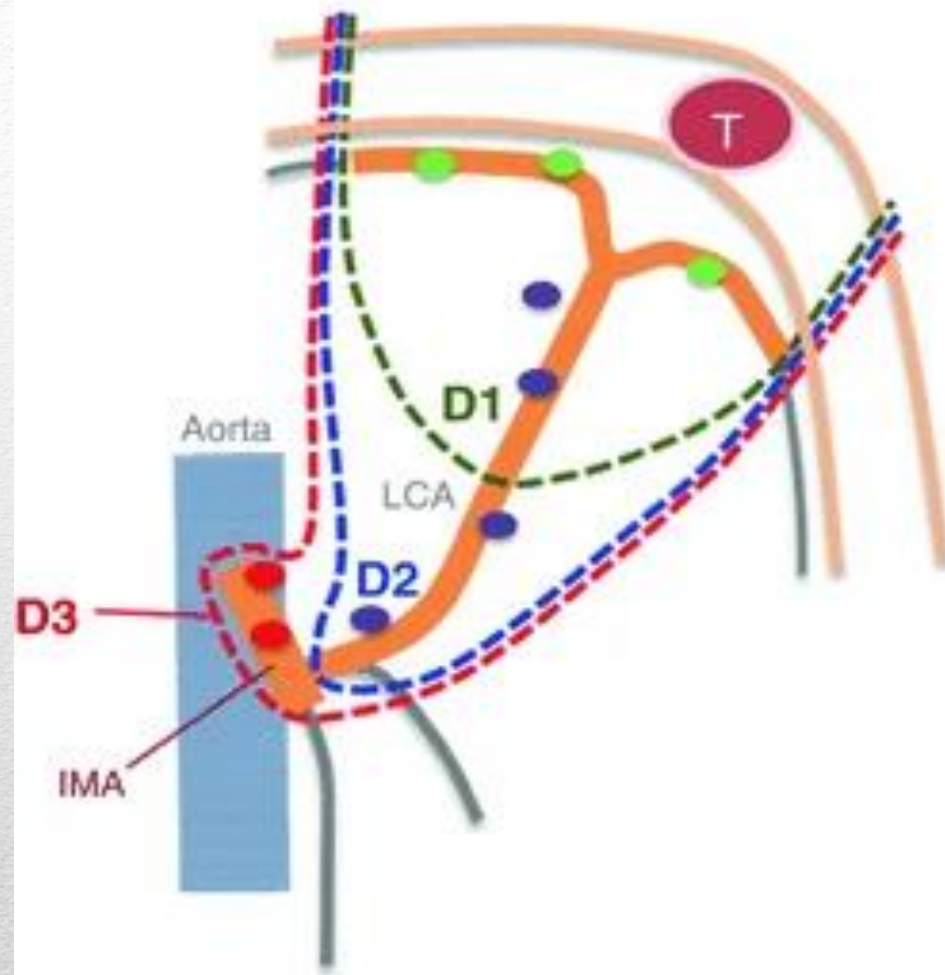
One is that of Main Lymph Node dissection corresponding to the root of the main feeding artery while the other is lymph node dissection according to the lymph flow based on Gillot's concept , with dissection of the nodes of the surgical Trunk as the main lymph nodes .

The term 'surgical trunk' has been limited to the superior mesenteric vein (SMV) between the ileocolic artery caudally and Henle's Trunk cranially , limited to the region of confluence of SMV , meaning only the right ventrolateral aspect of SMV .

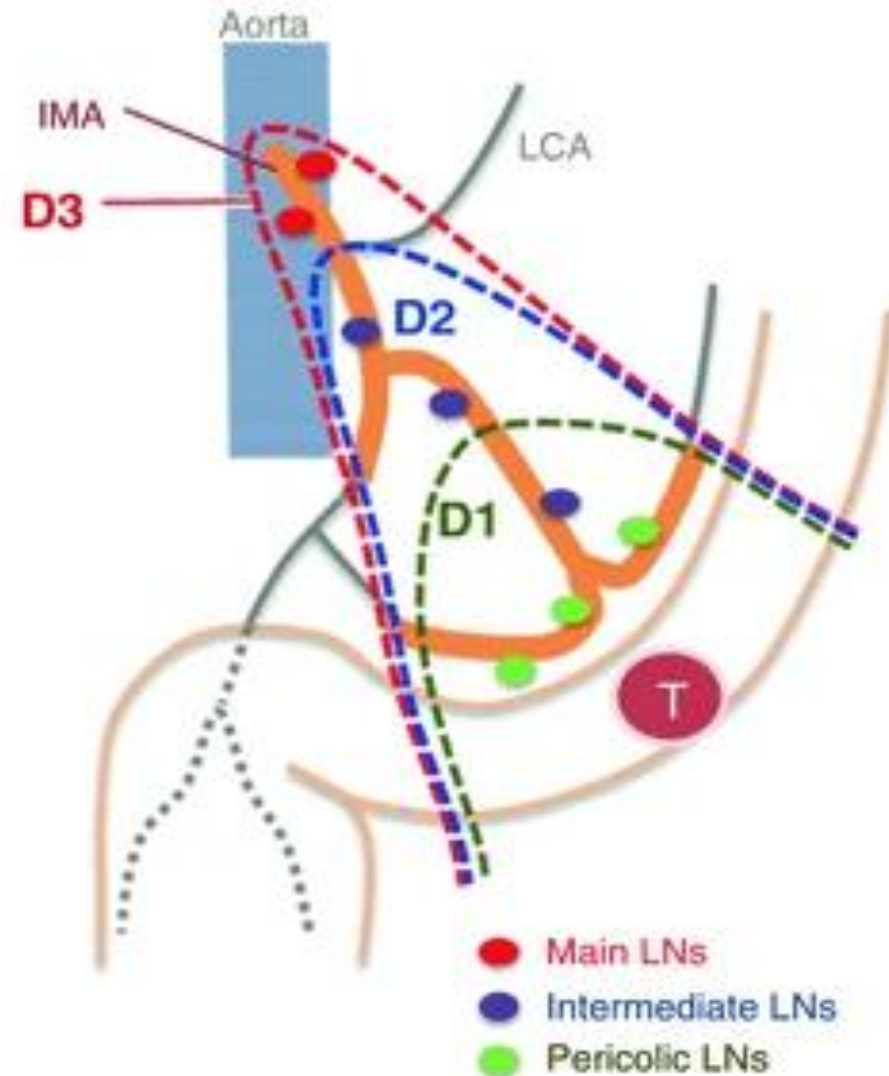
In the Right colon lymph nodes dissection along this surgical trunk is better than lymph nodes dissection to the root of the main artery .



Left colic artery area



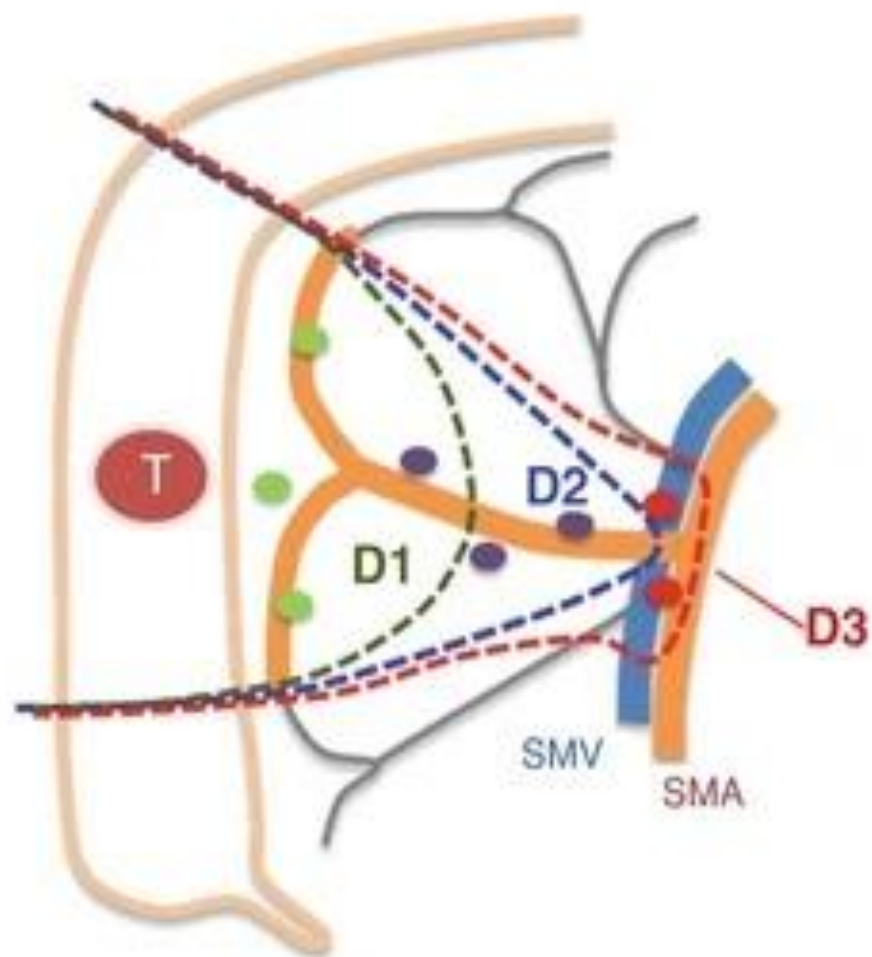
Sigmoid artery area



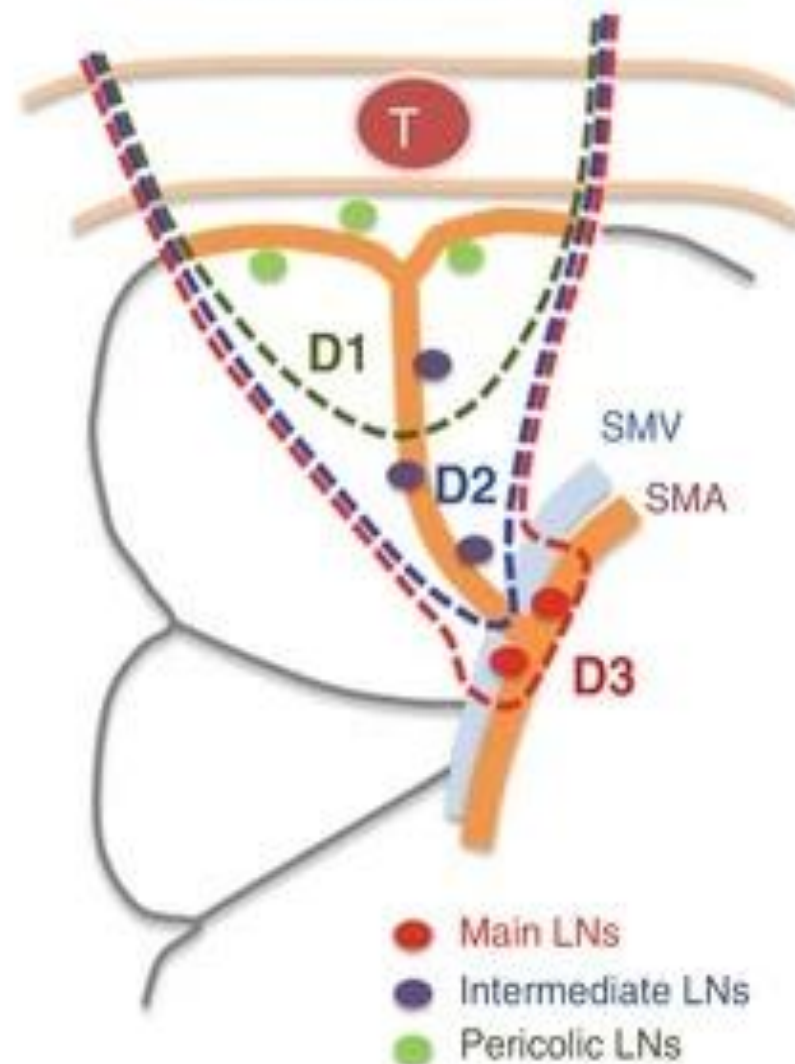
Levels of central radicality

- A █ at the middle of the colic artery
- B █ at the origin of the colic artery
- C █ at the origin of the IMA

Ileocolic/right colic artery area

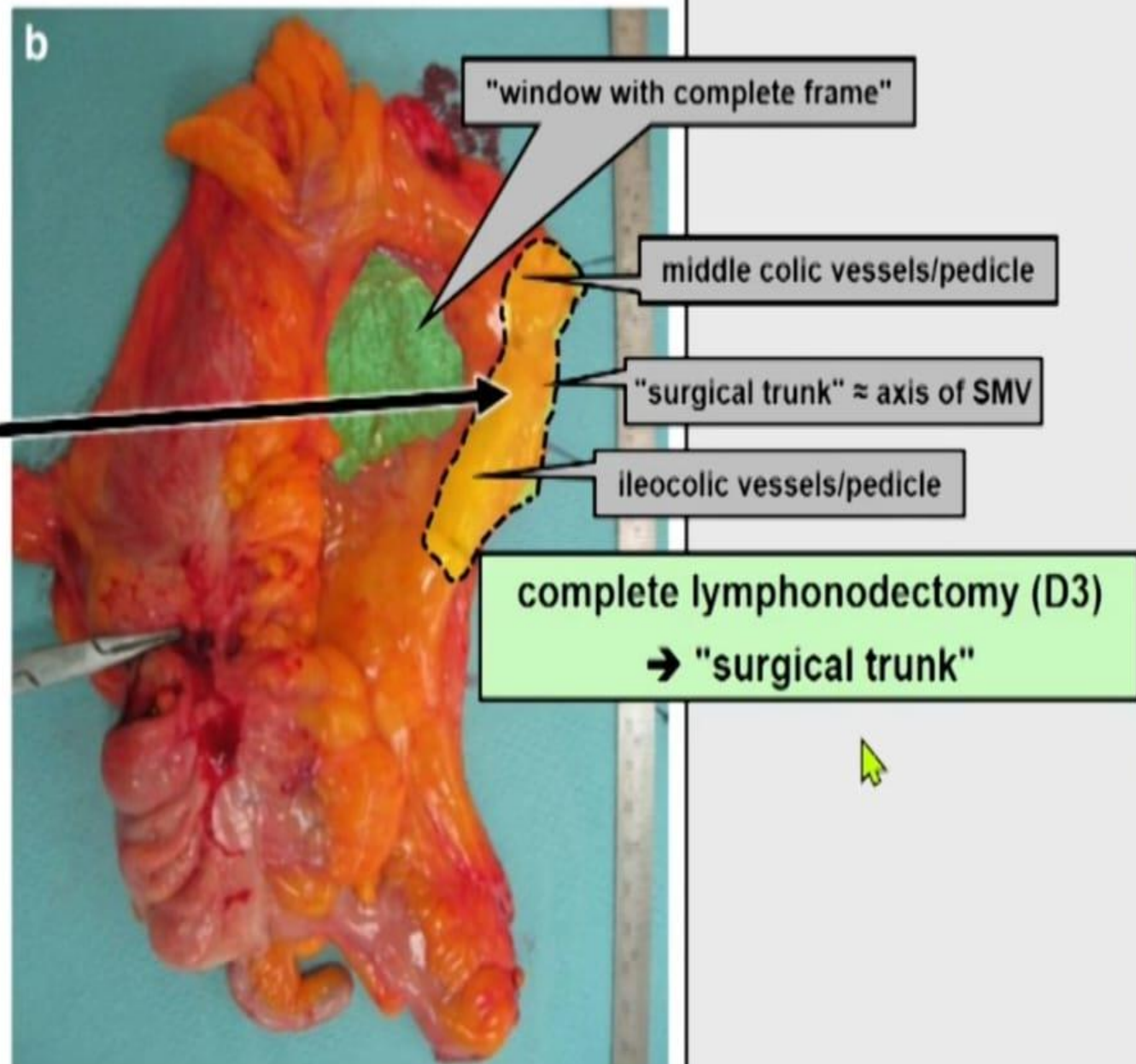
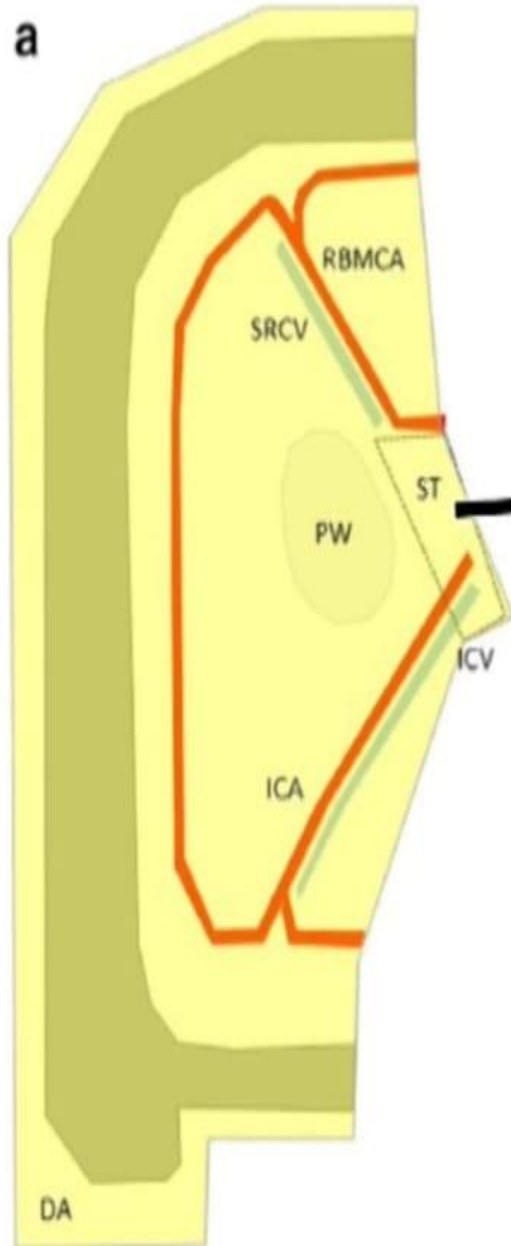


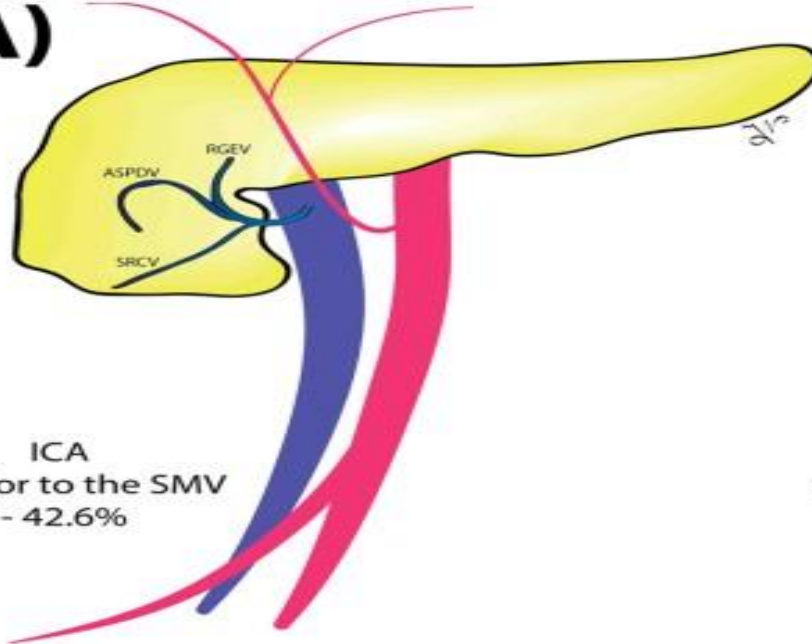
Middle colic artery area



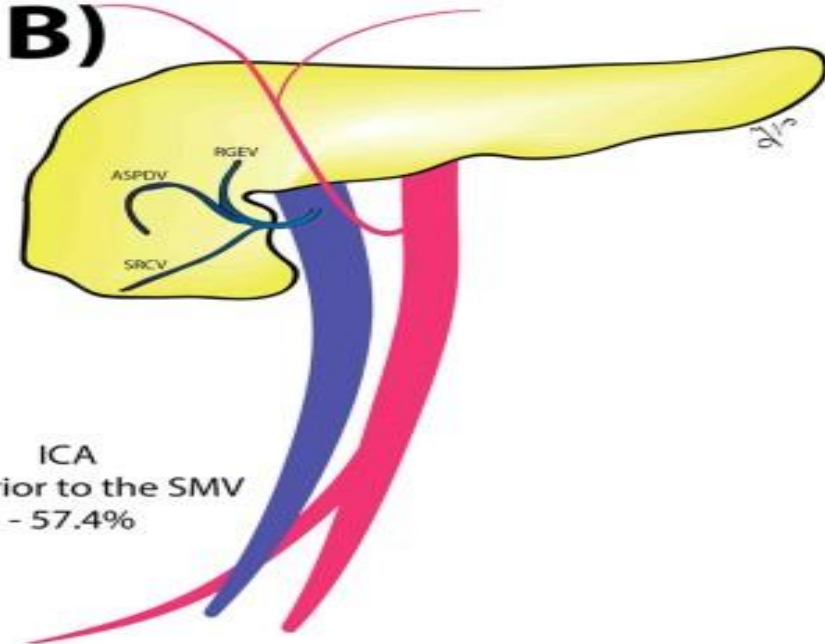
Levels of central radicality

- D1 at the middle of the colic artery
- D2 at the origin of the colic artery (no exposure of the SMA/SMV)
- D3 lymphadenectomy around the origin of the colic artery

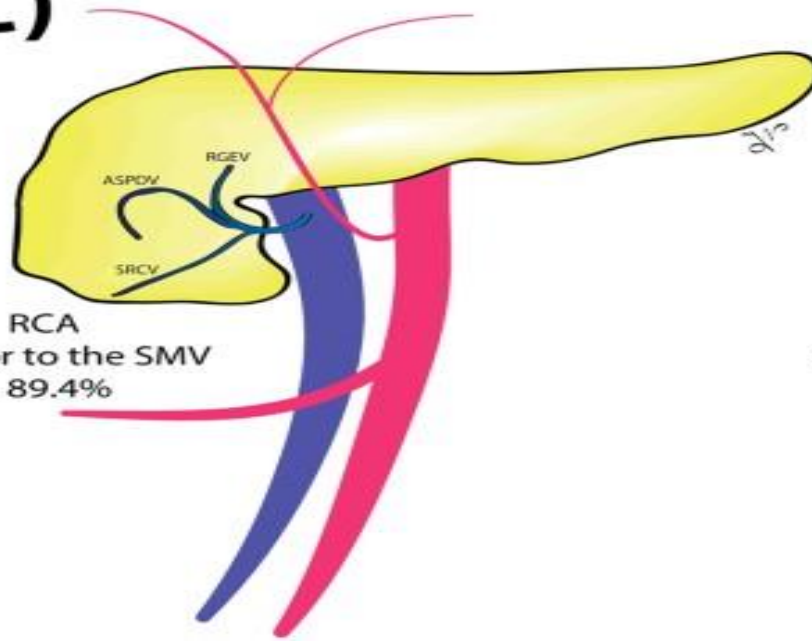


A)

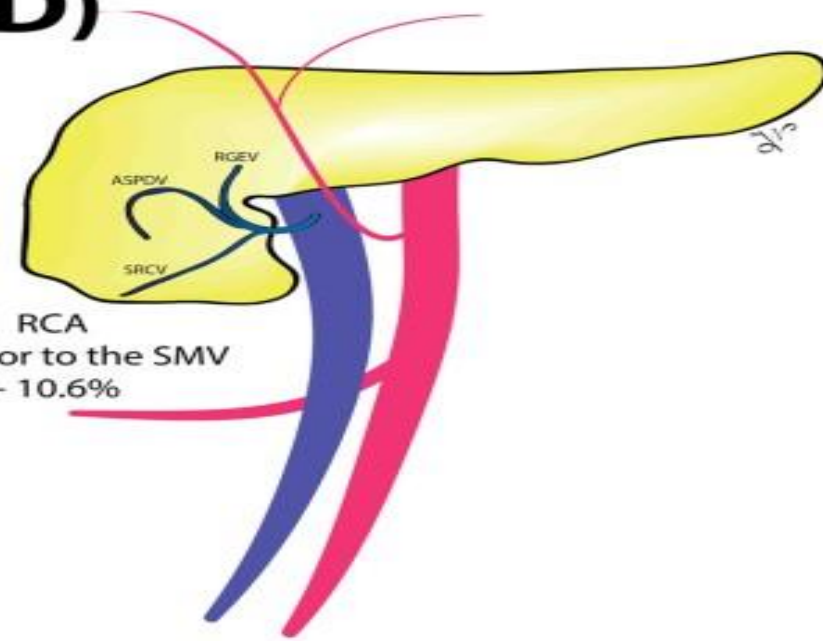
ICA
anterior to the SMV
- 42.6%

B)

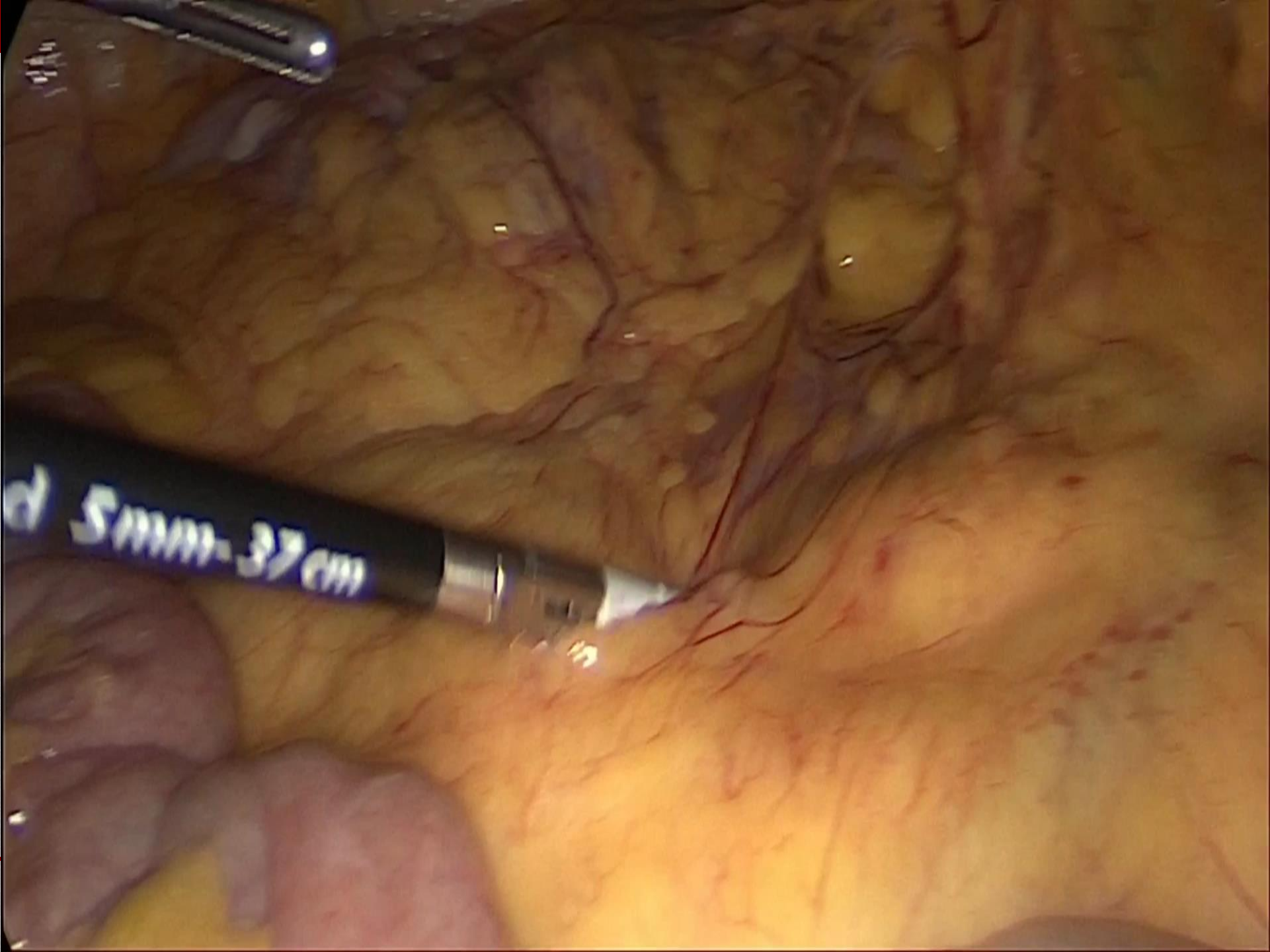
ICA
posterior to the SMV
- 57.4%

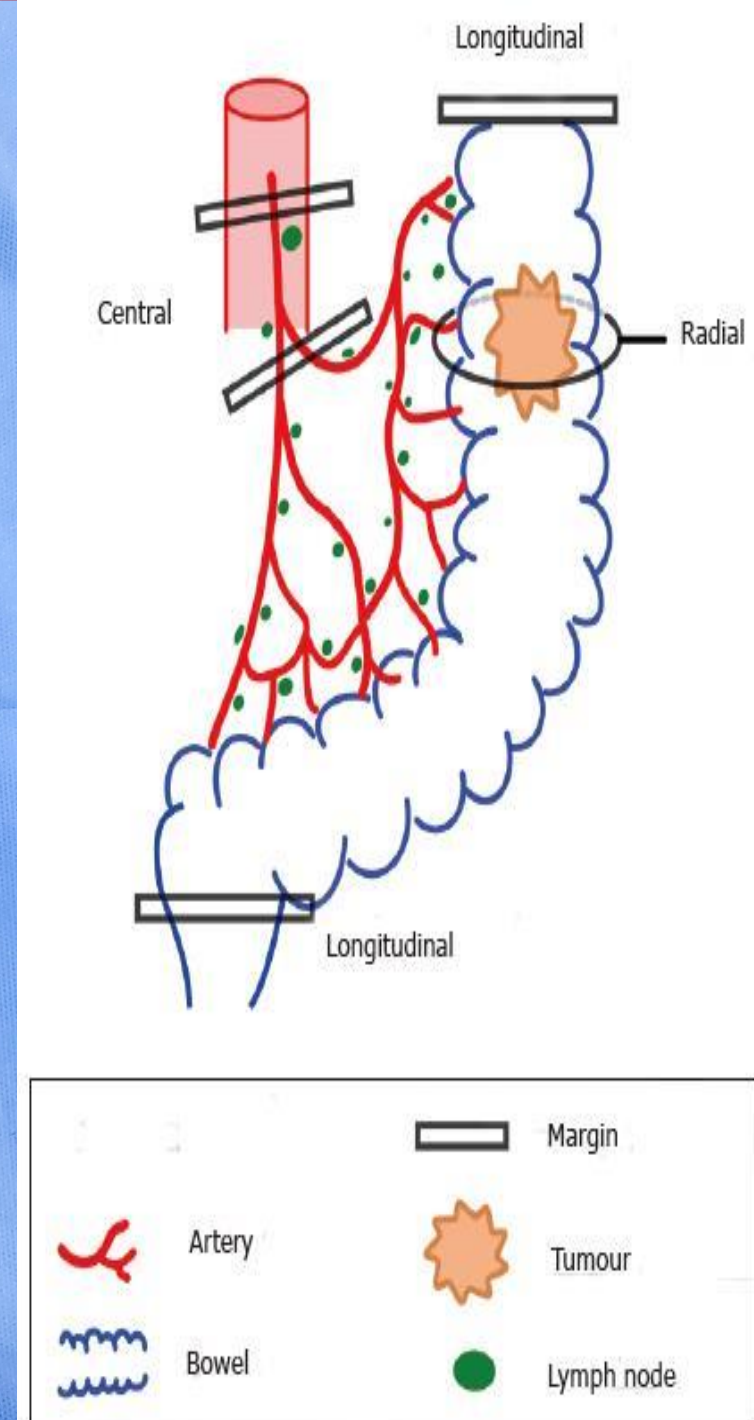
C)

RCA
anterior to the SMV
- 89.4%

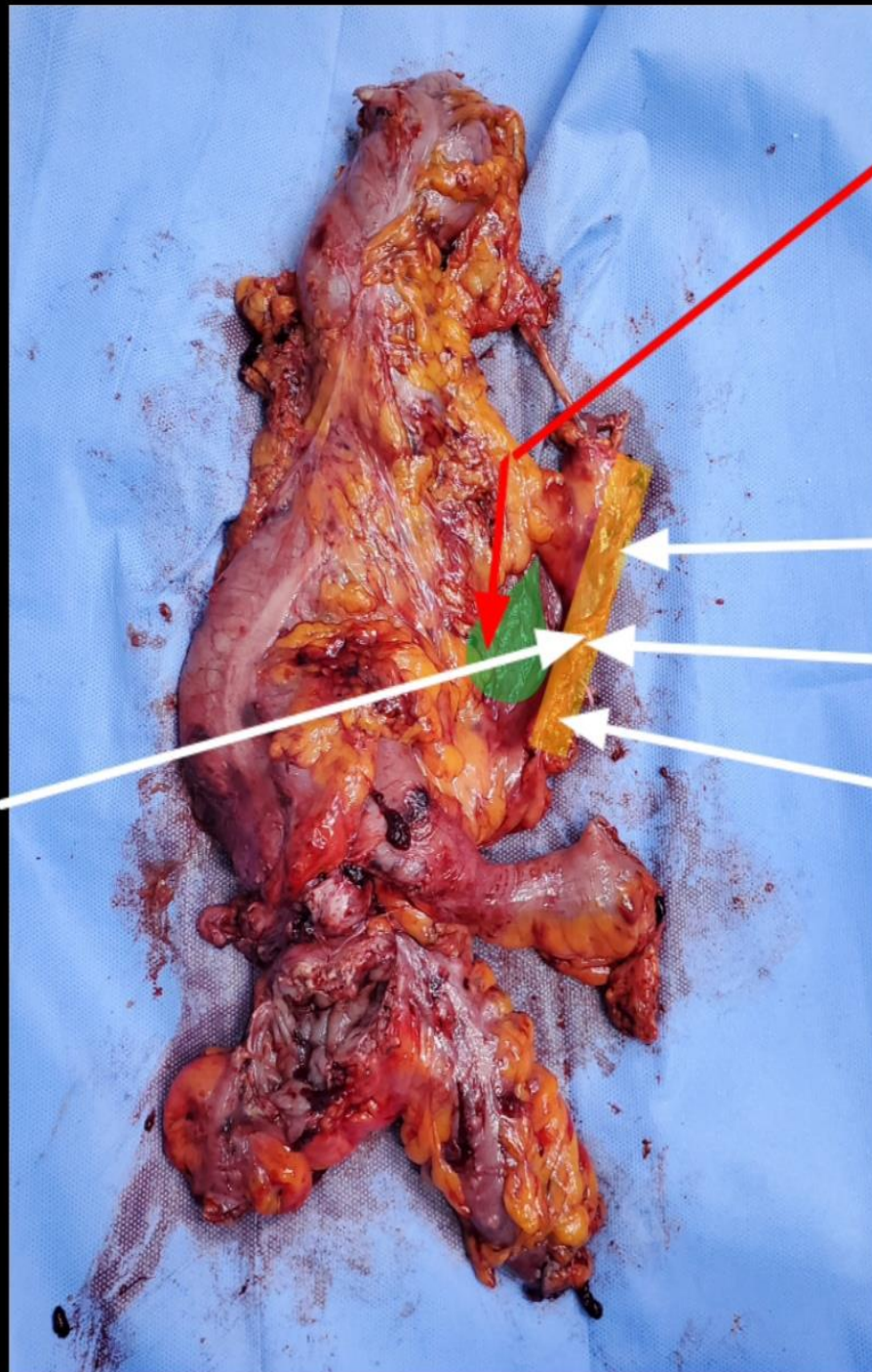
D)

RCA
posterior to the SMV
- 10.6%





ST



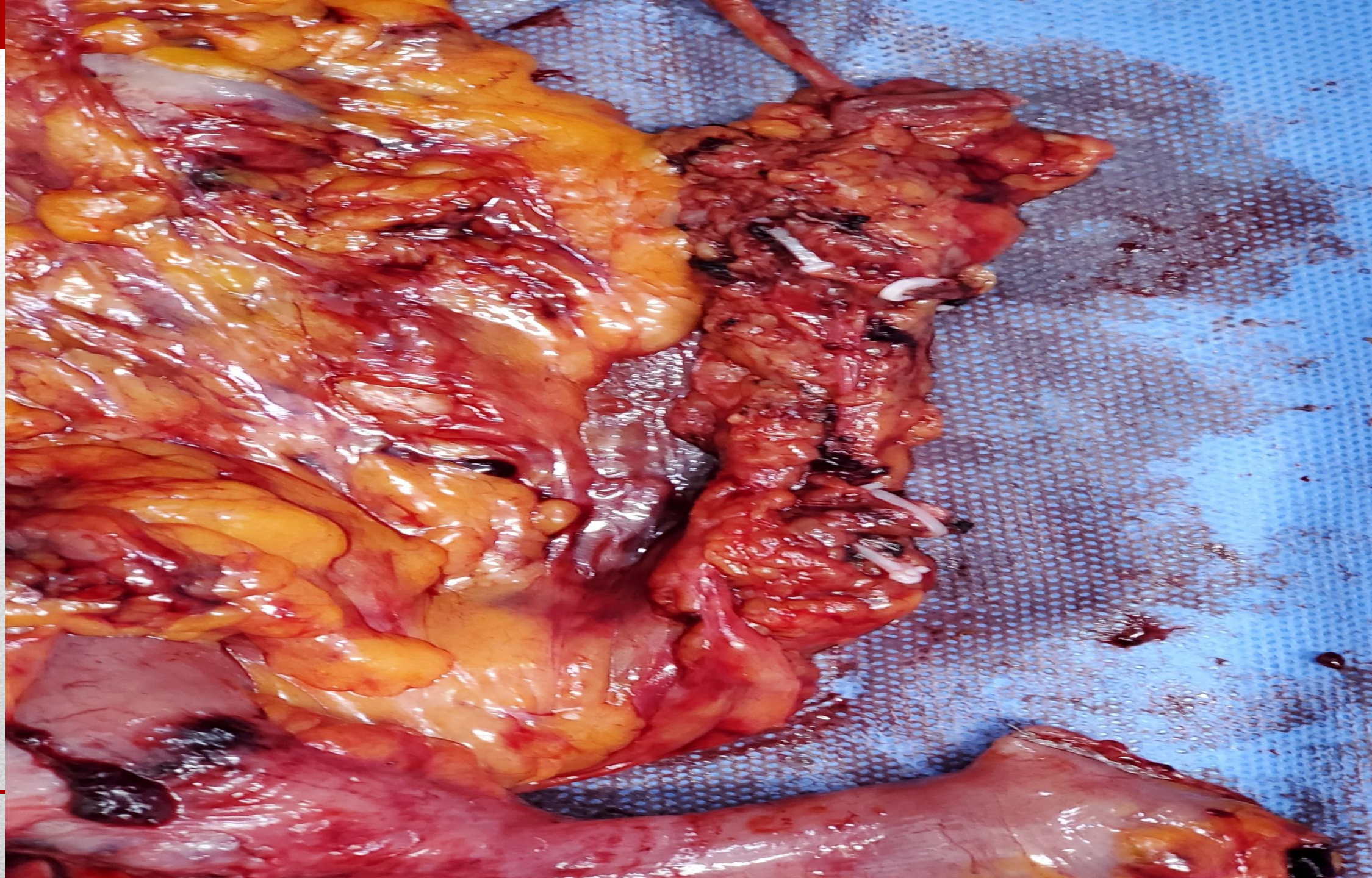
Window with complete frame

Middle colic vessels

Surgical Trunk

Ileocolic Vessels

KI





THANK
YOU

• *Prof.DR . Mahmoud Abd EL -Naby*