

**Controversy about splenic flexure :
Segmental or total colectomy ? Does
deloyers procedure end the debate ?**

Prof. Dr. Mahmoud Abd El-Naby

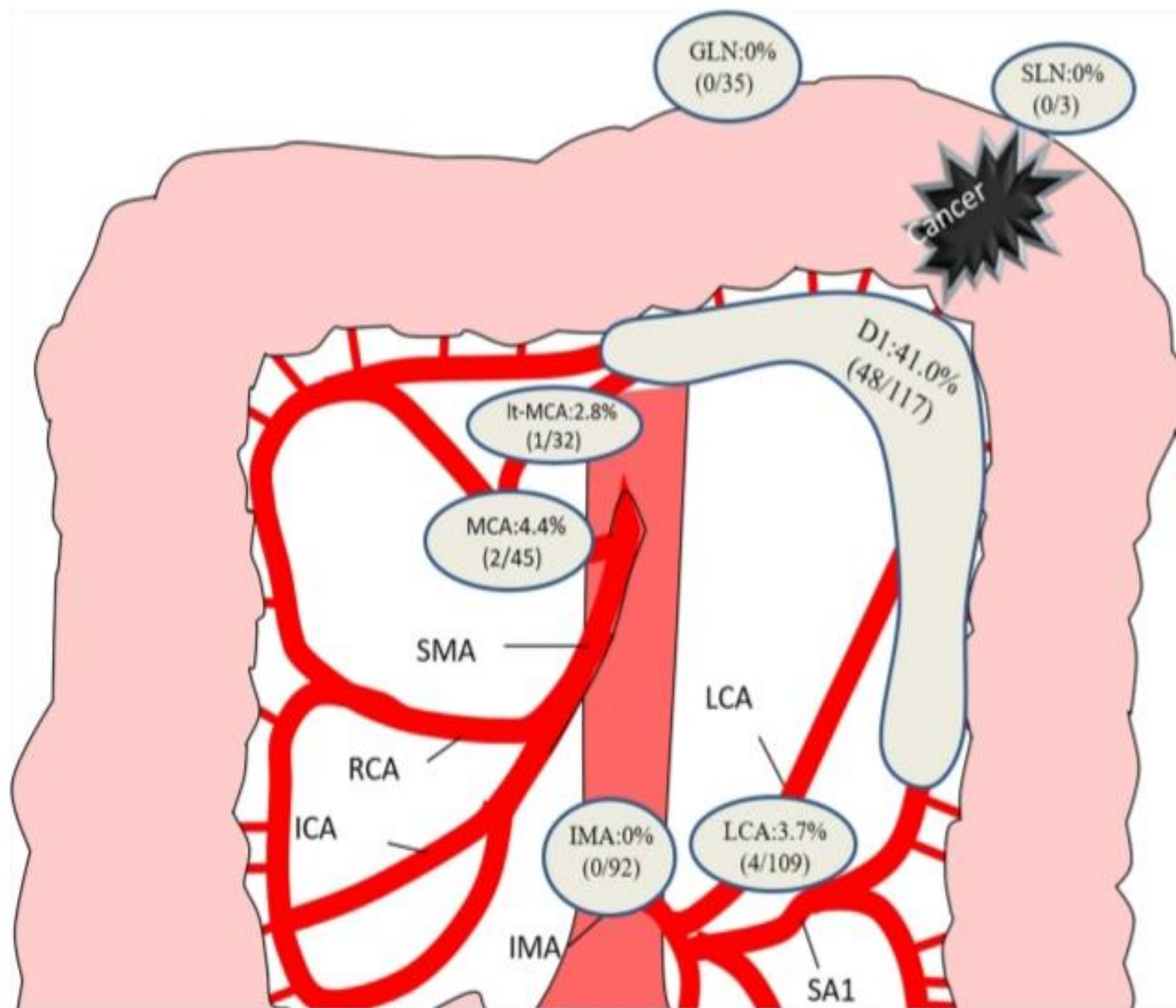
- *Splenic flexure colon cancer (SFCs) are relatively rare and account for less than 10% of all colorectal cancers .*
- *They are generally thought to have a poorer prognosis as they are often discovered at a more advanced stage and have an increased risk of bowel obstruction .*

- *Traditionally , SFCs are defined as tumors located within 10 cm of the splenic flexure edges or as raising from the colon*

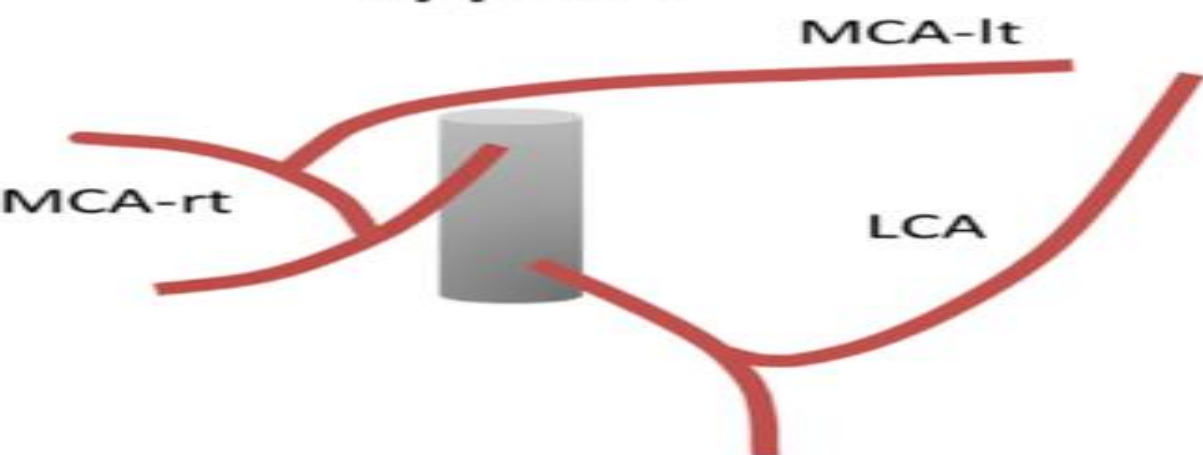
A safe and precise surgical interventions warrants all surgeons to gain a preoperative understanding the tumor location , extent of lymph nodes and main feeding artery . In addition , preoperative awareness of the arterial branching or variations is necessary to help surgeons devise preoperative strategies and perform safe and rapid vessel ligation and lymph node dissection .

Laparoscopic surgery for cancer located in the splenic flexure is more difficult than that for cancer located in other sites .

This difficulty is attributed to the vascular variability in this region and adjacent vital organs such as the pancreas , and duodenum ,and also the embryological adhesion renders the anatomy around the splenic flexure complicated

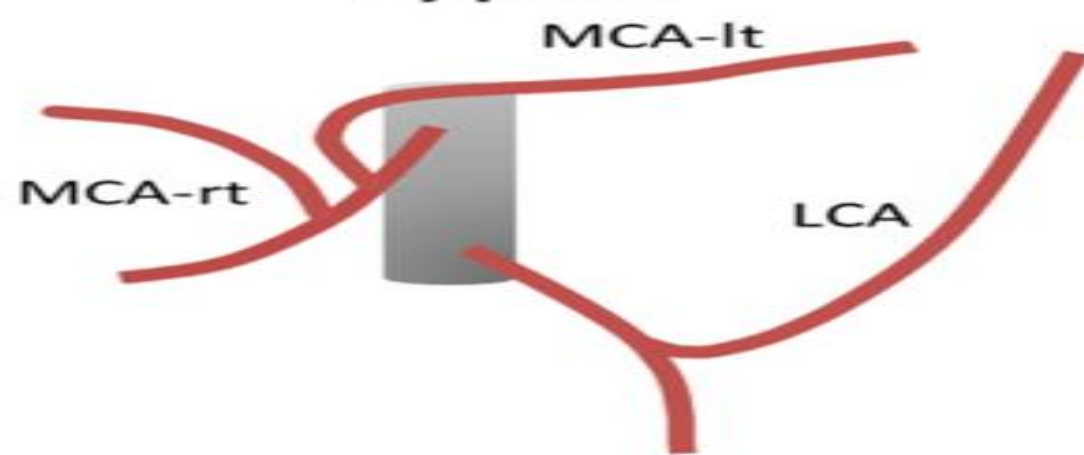


Type1



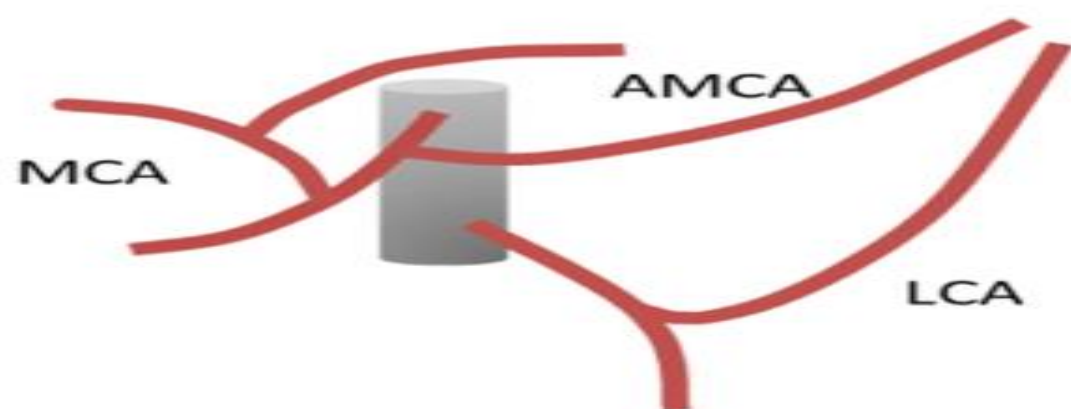
54.5%
(n= 48)

Type2



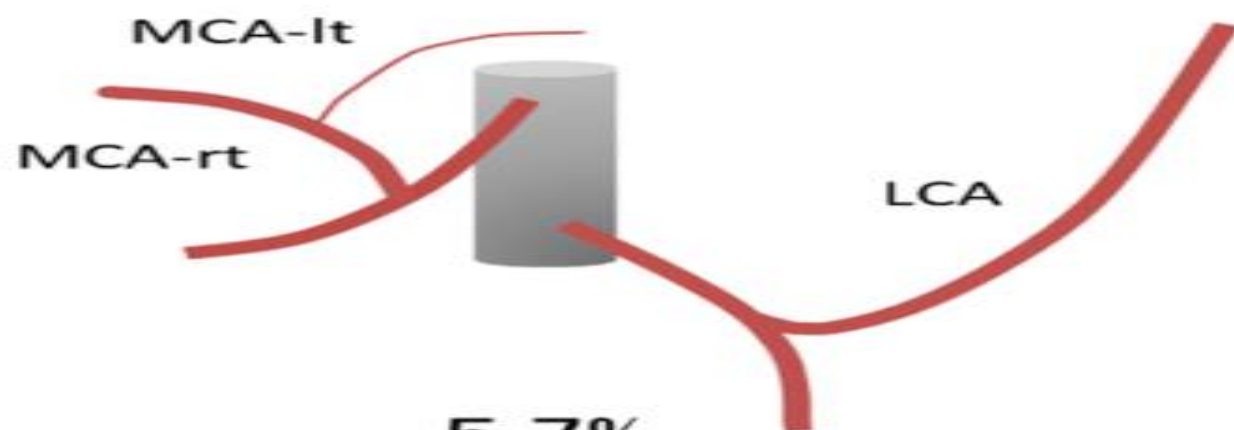
9.1%
(n= 8)

Type3



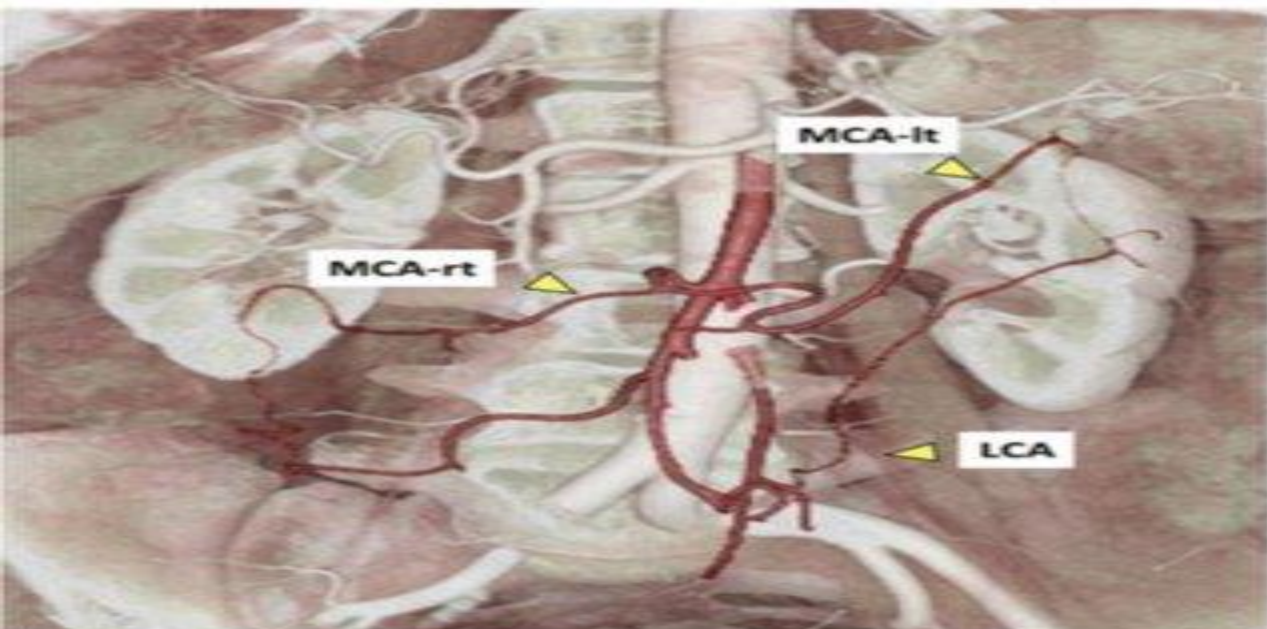
30.7%
(n= 27)

Type4

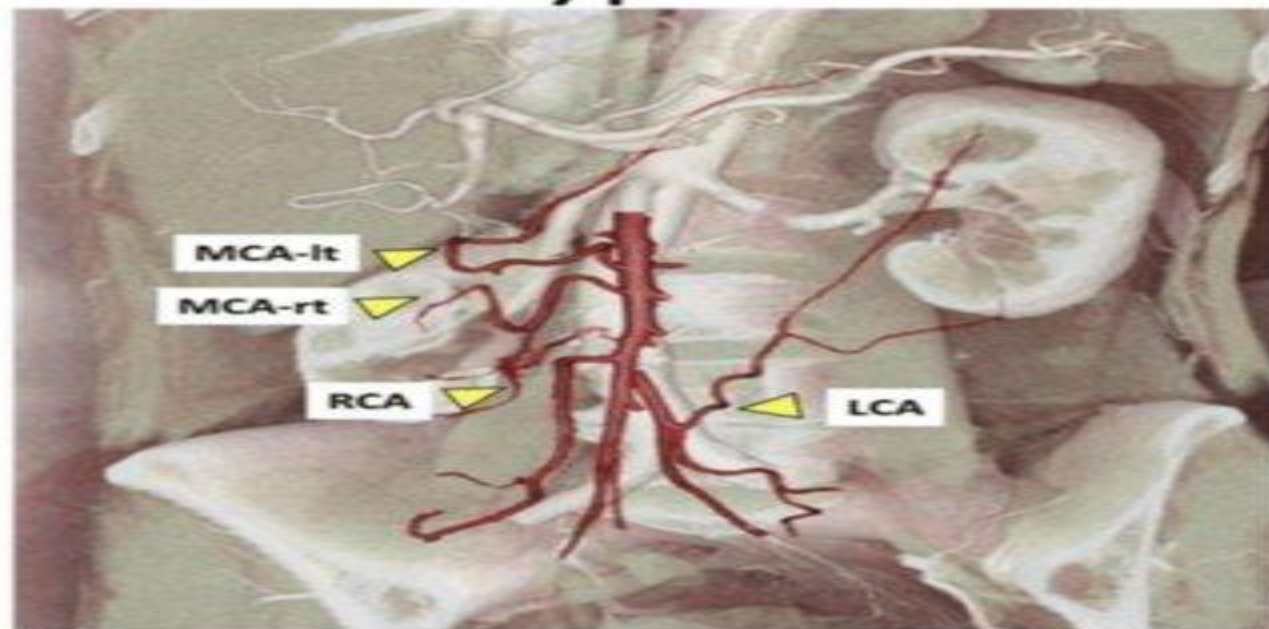


5.7%
(n= 5)

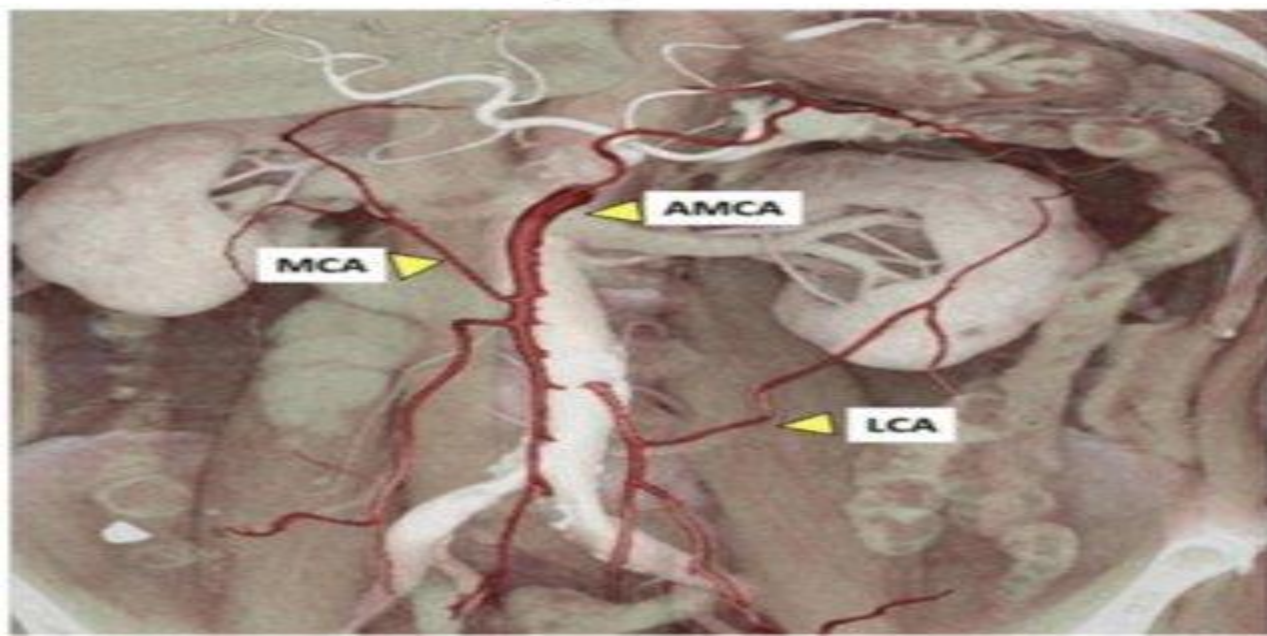
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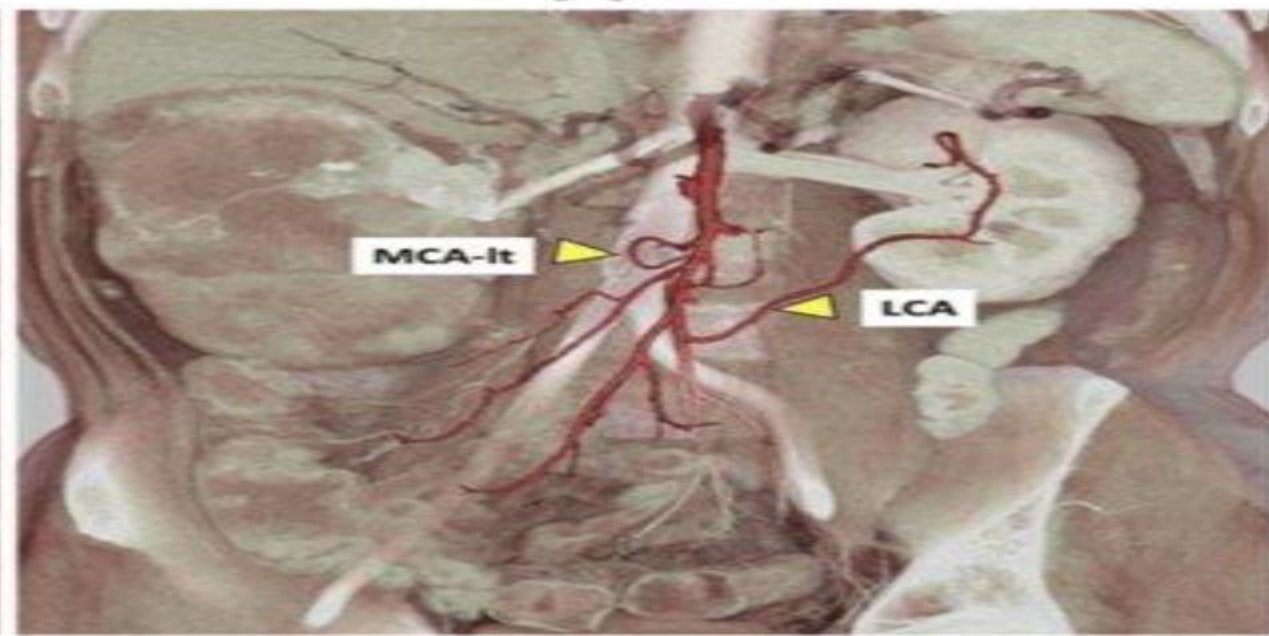
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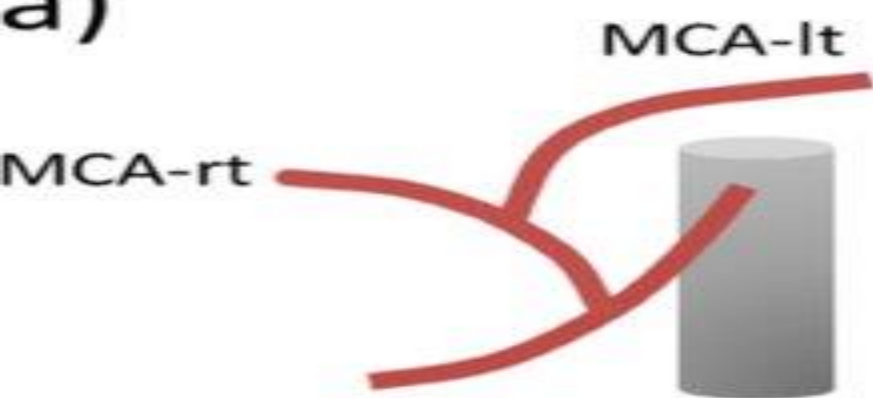
Type3



Type4



a)



60.2 %
(n = 53)

b)



30.7 %
(n = 27)

c)

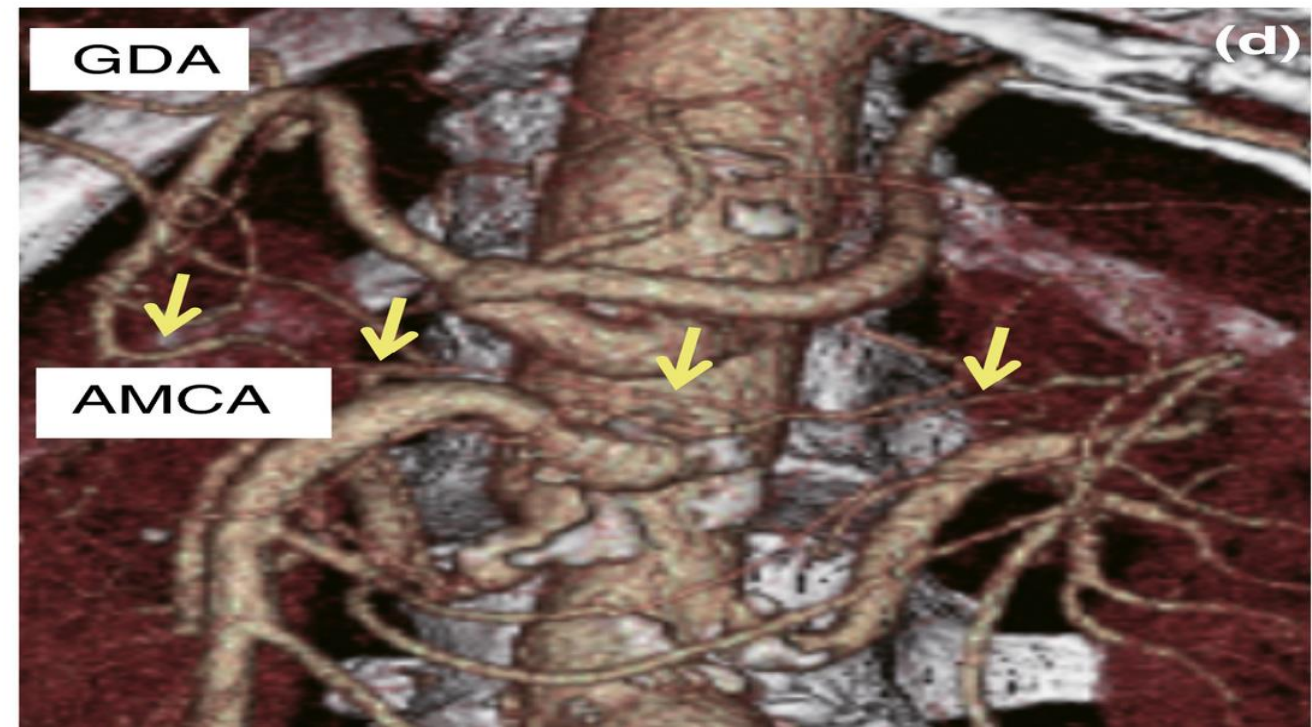
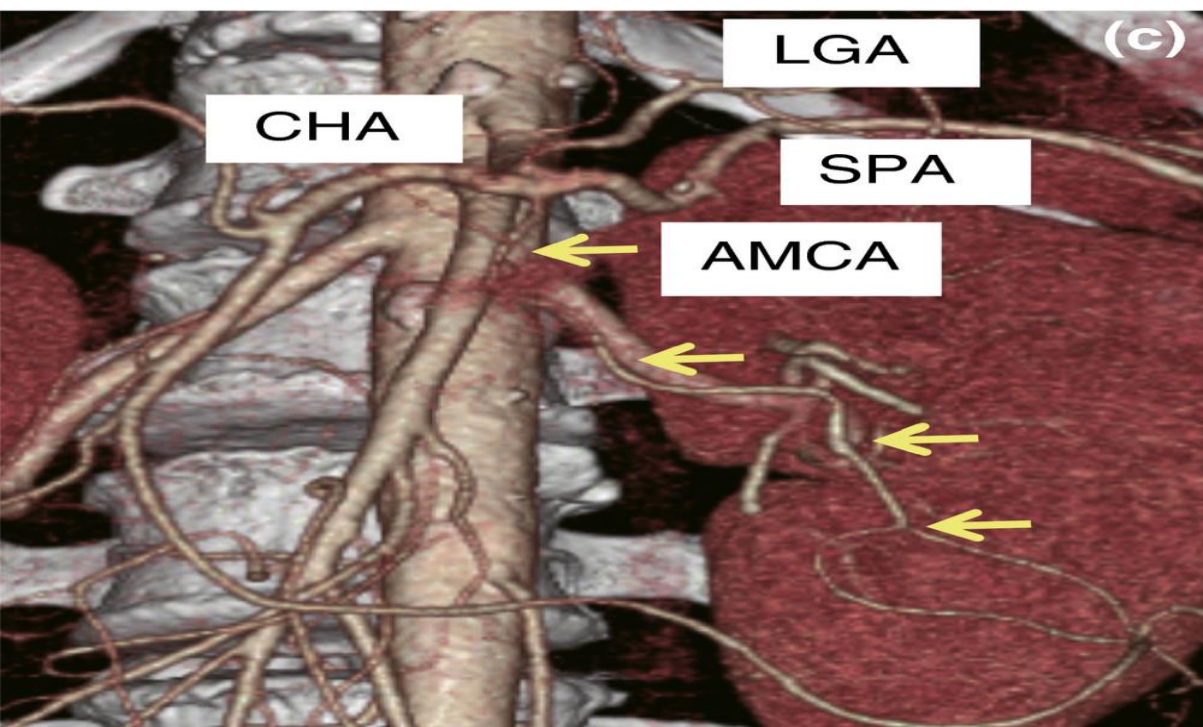
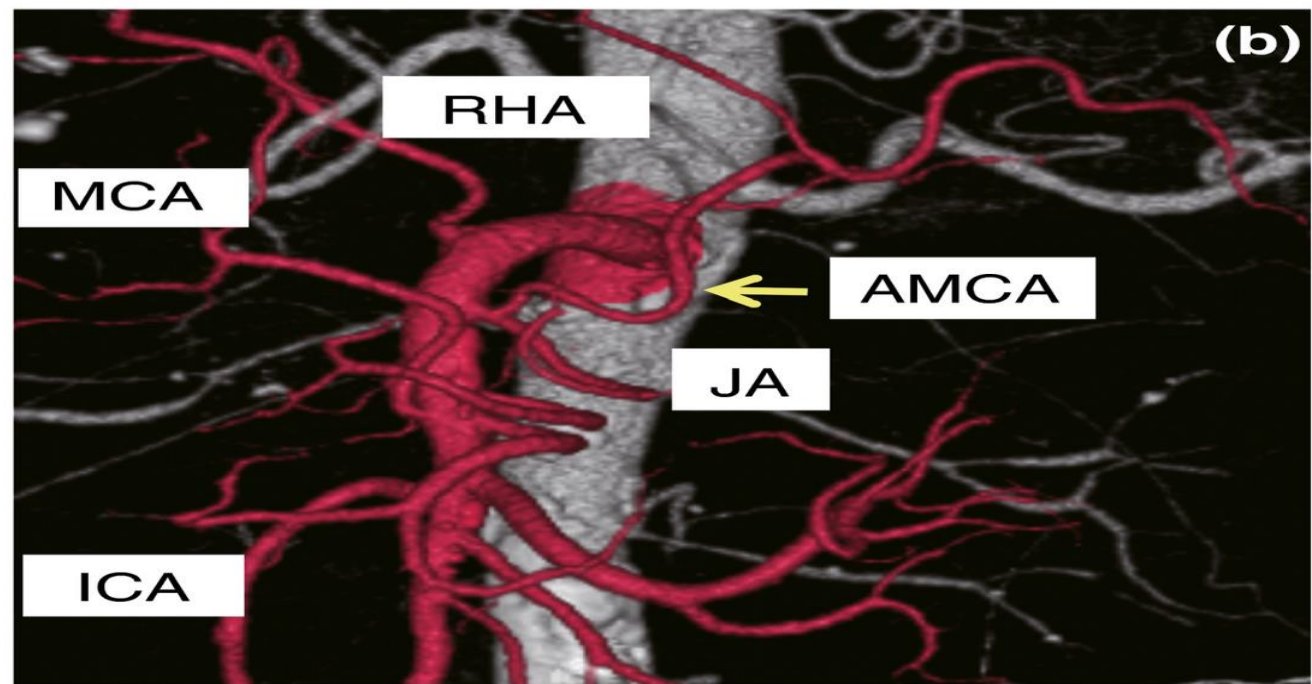
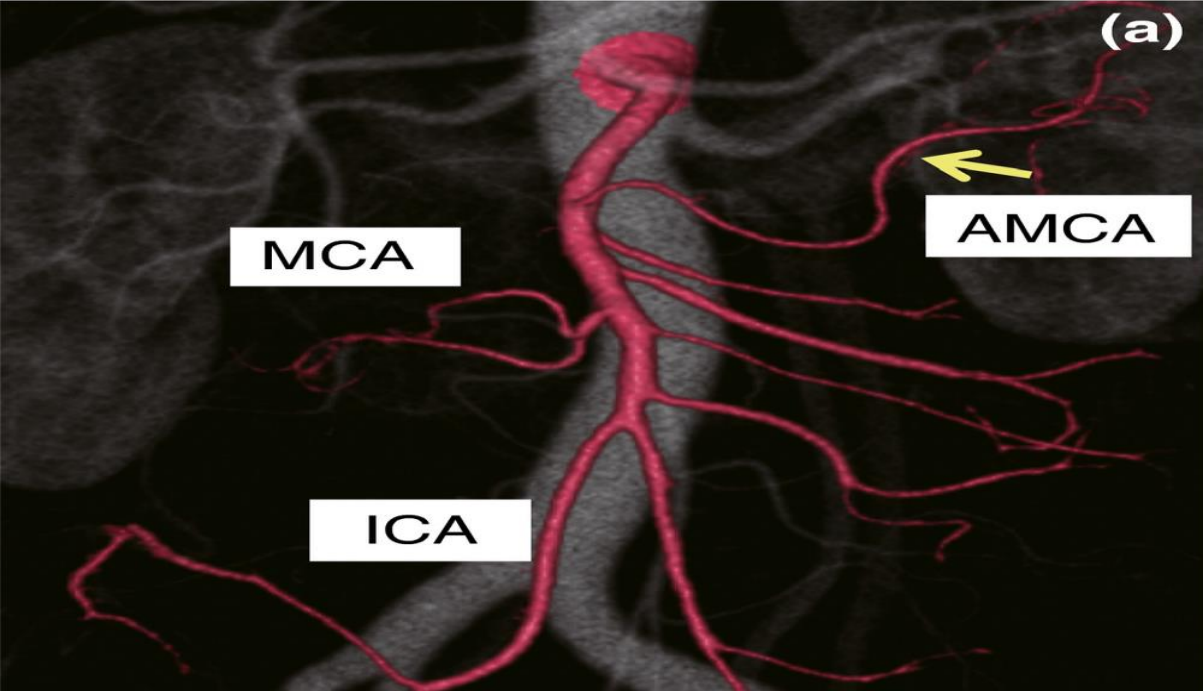


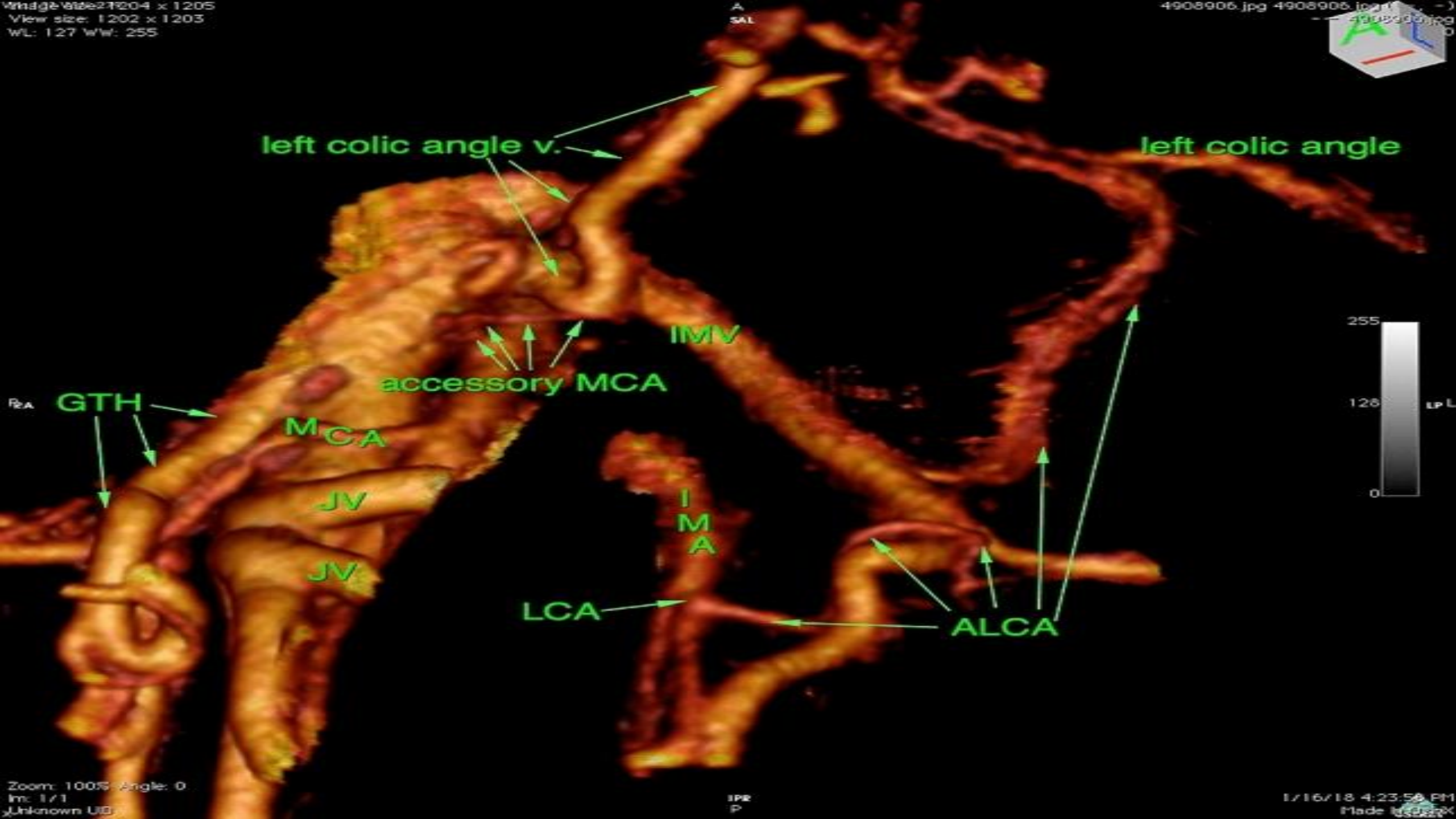
9.1 %
(n = 8)

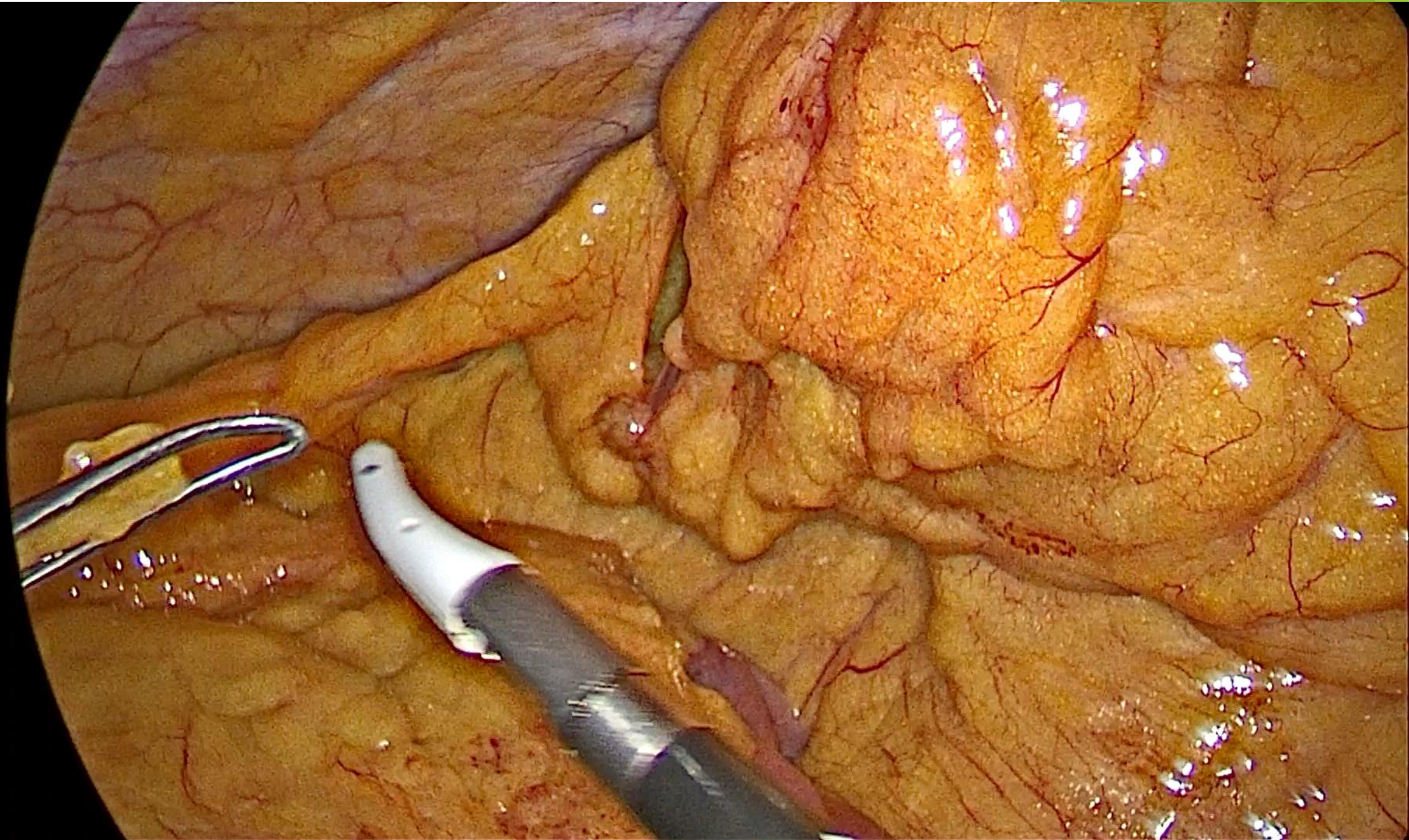
d)

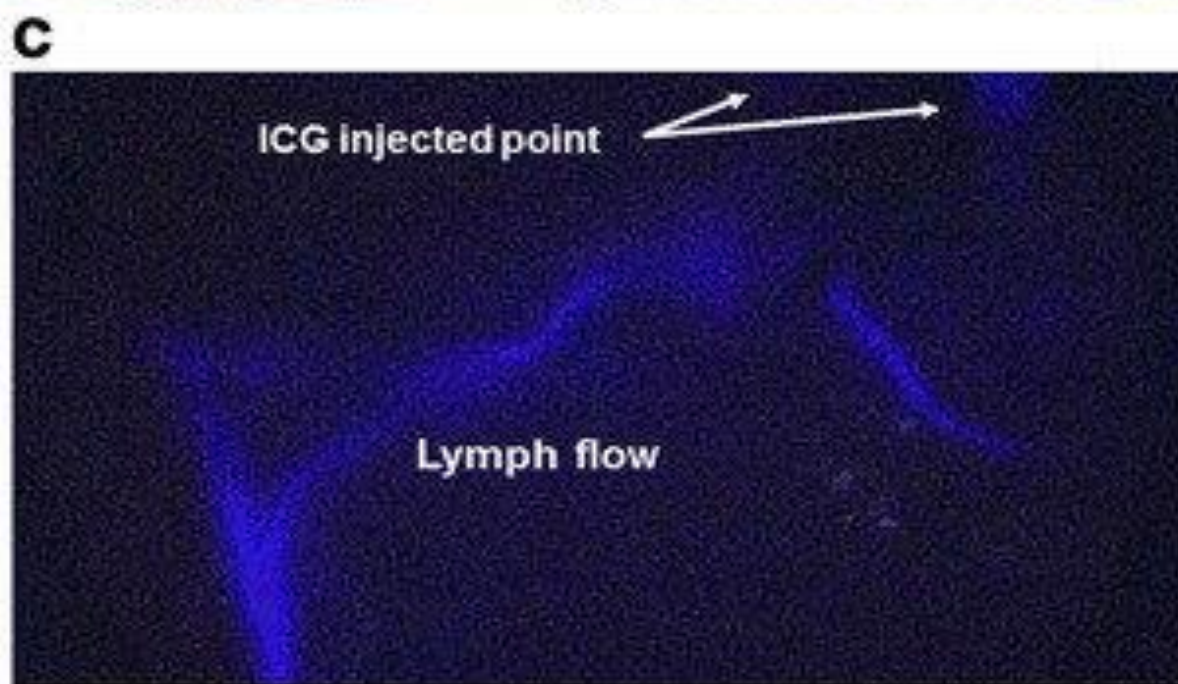
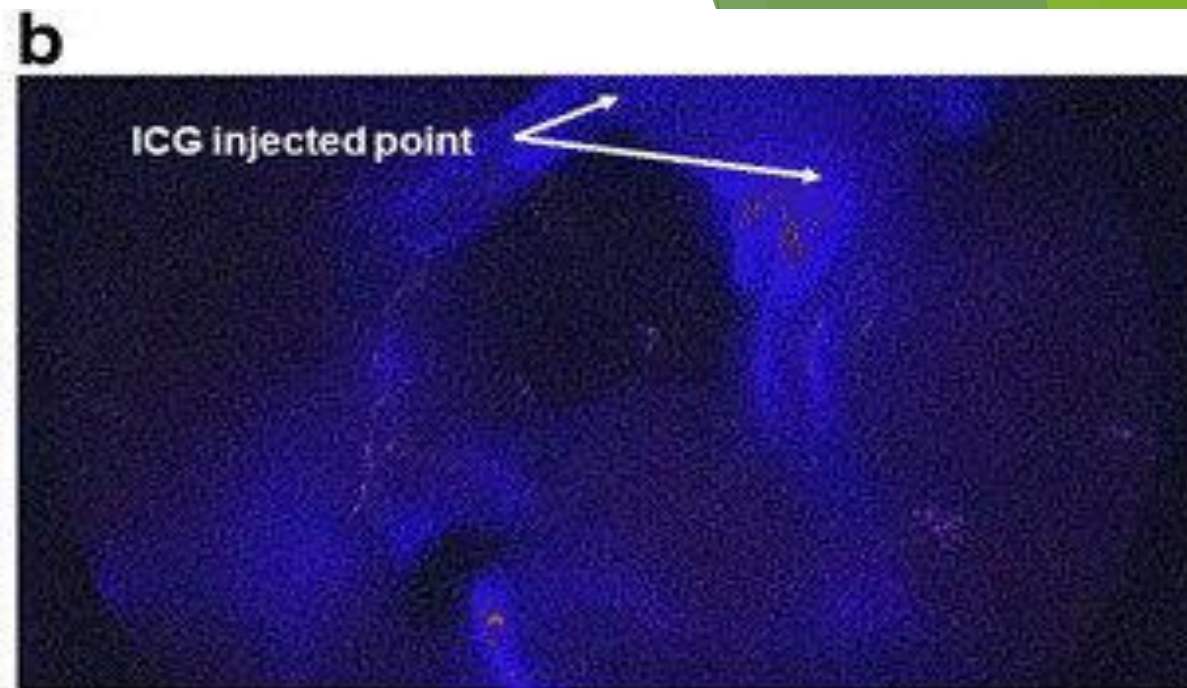
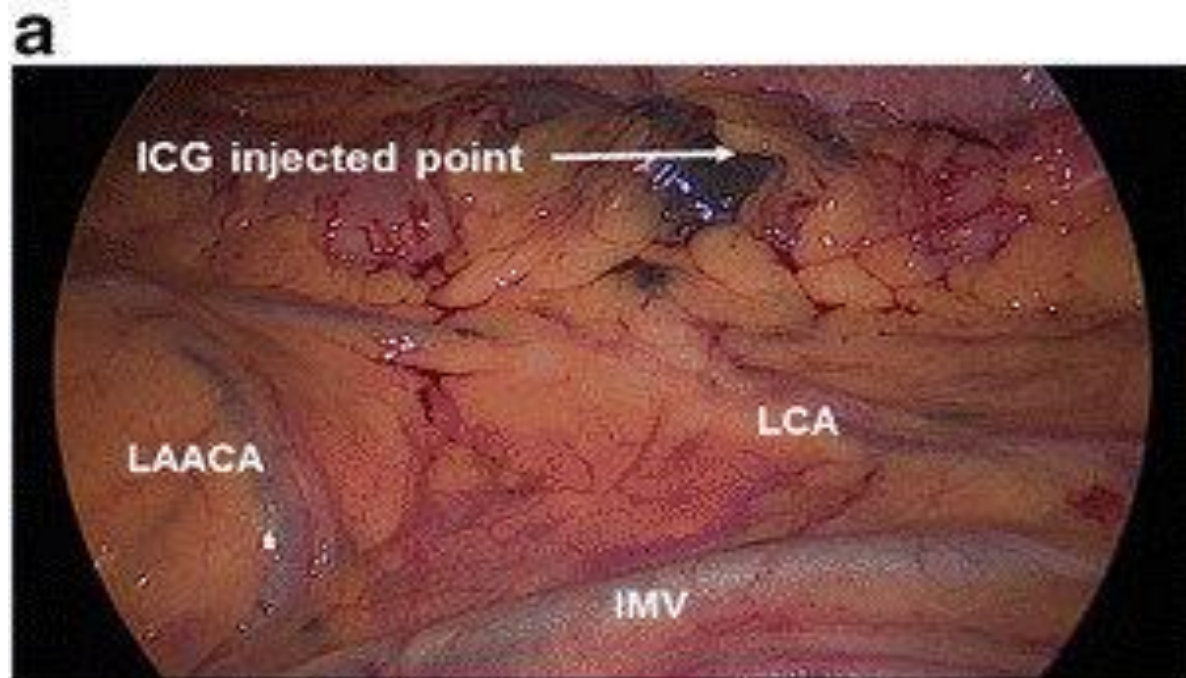


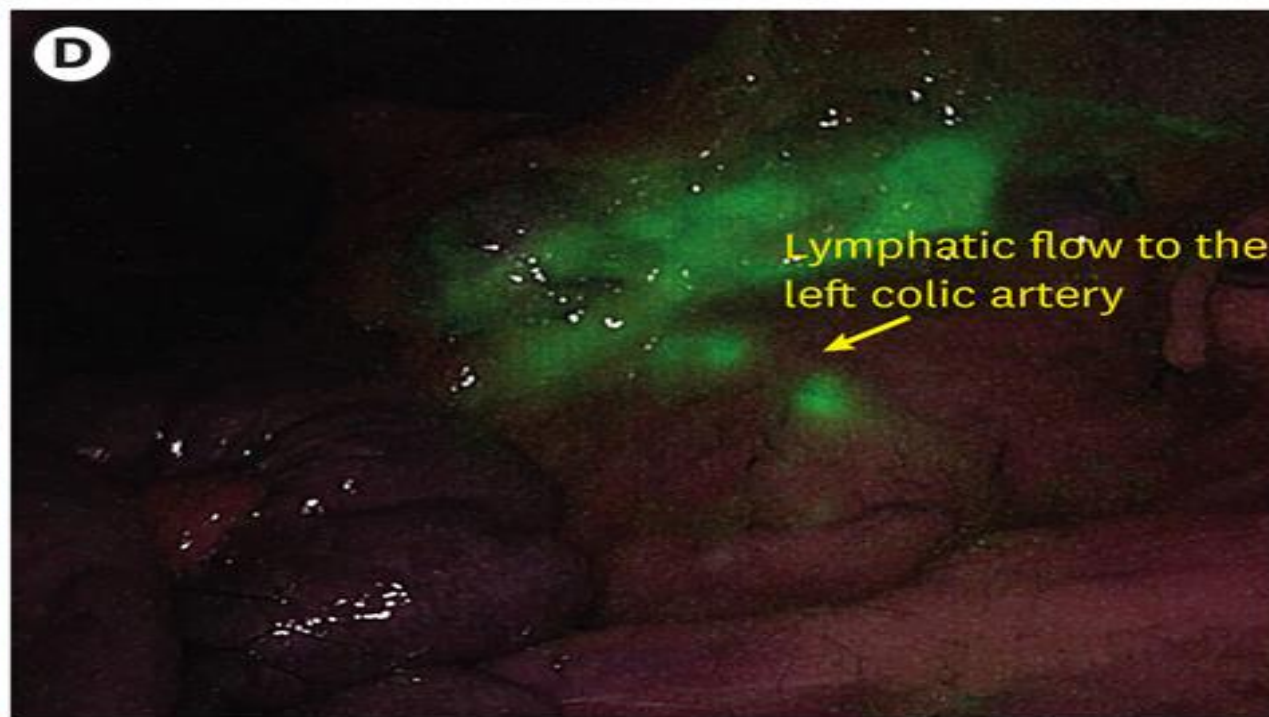
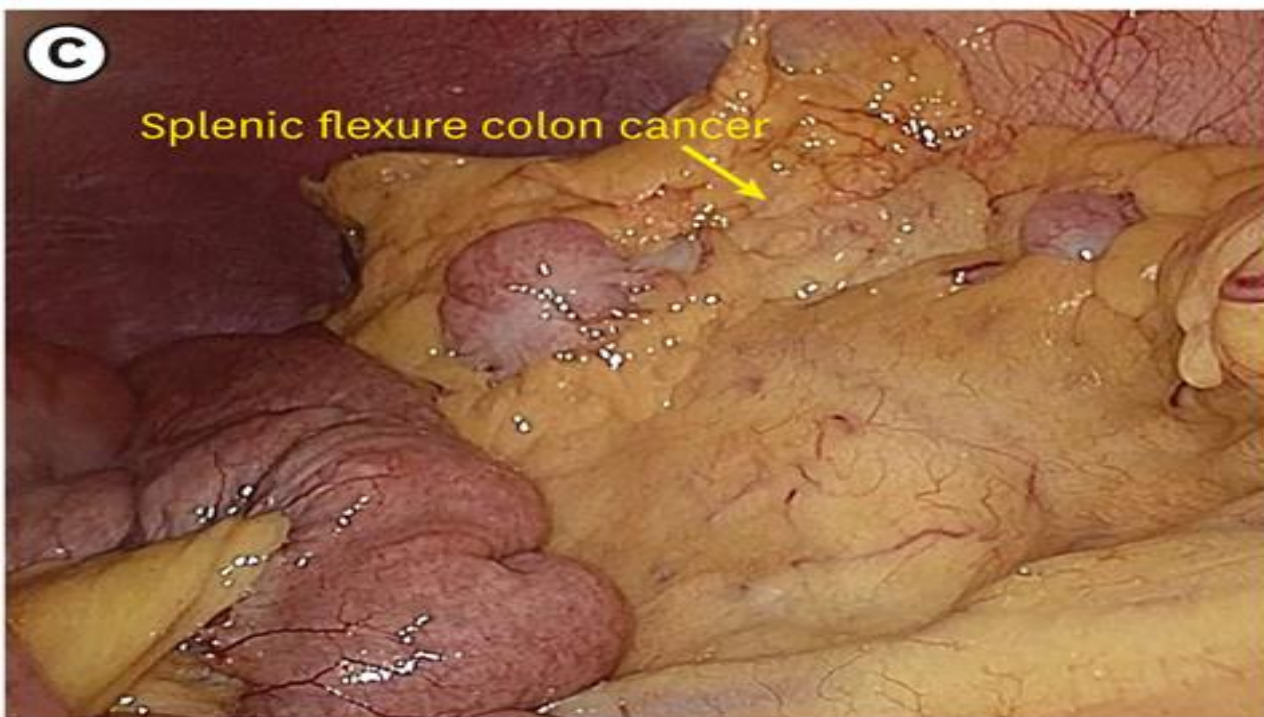
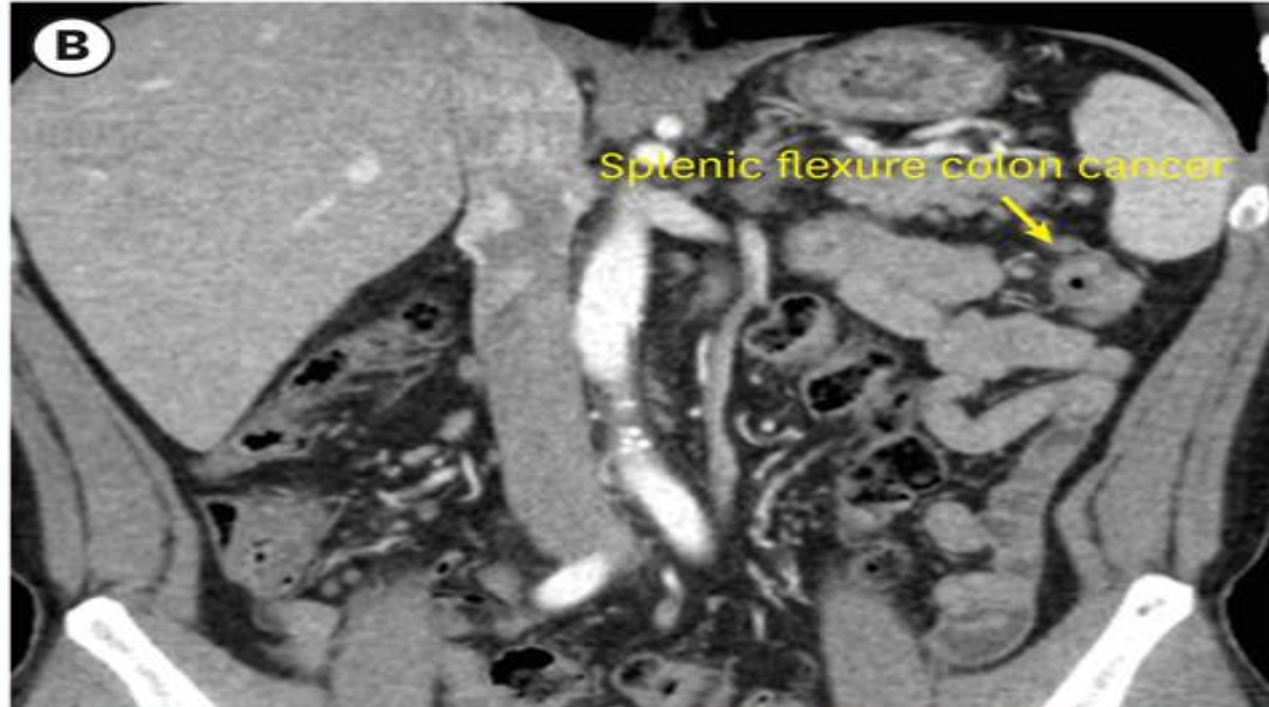
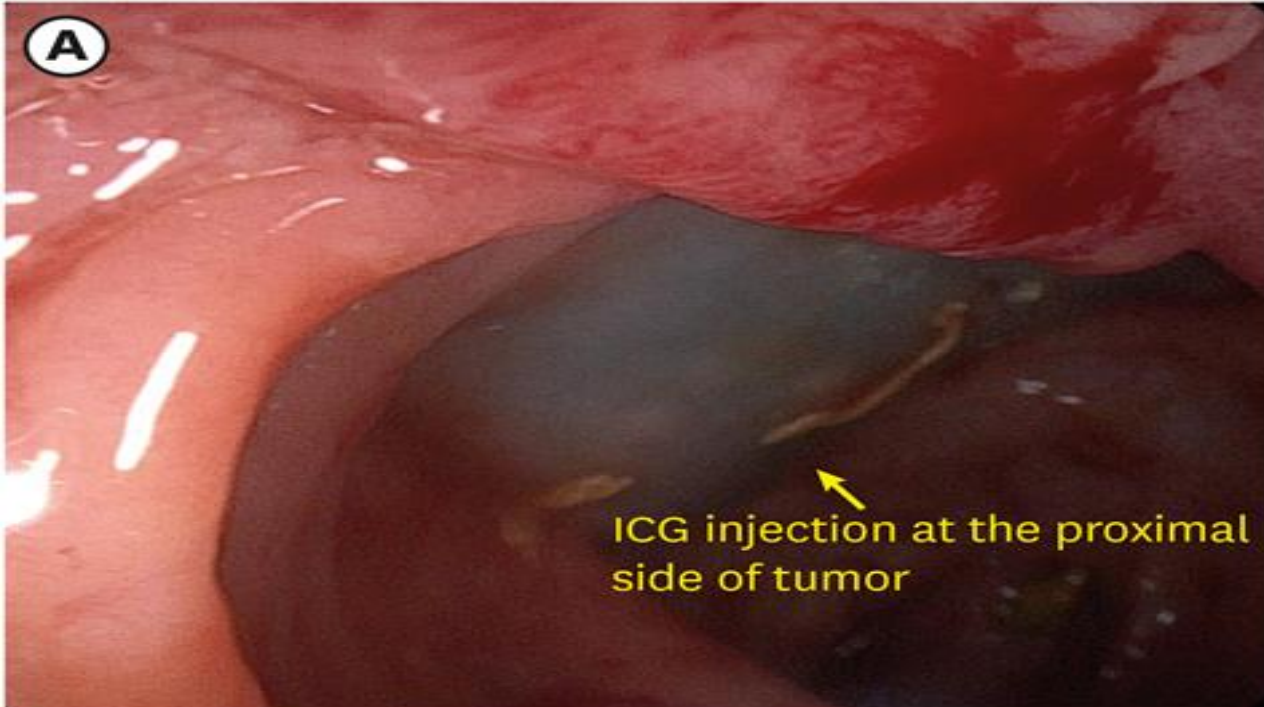
0 %
(n = 0)









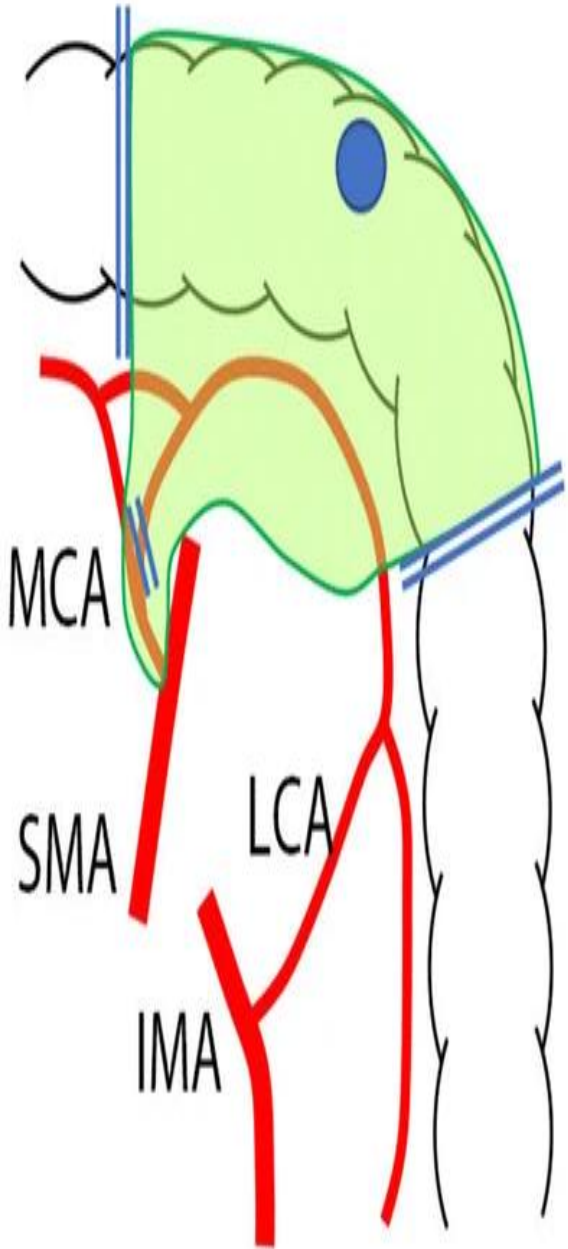


- *There is currently no consensus on the optimal surgical approach to SFCs . As such , the debate revolves around three different procedures : segmental resection of the splenic flexure (segmental colectomy) with colocolonic anastomosis , subtotal colectomy with ileocolonic anastomosis , or formed left hemicolectomy with colorectal anastomosis .*

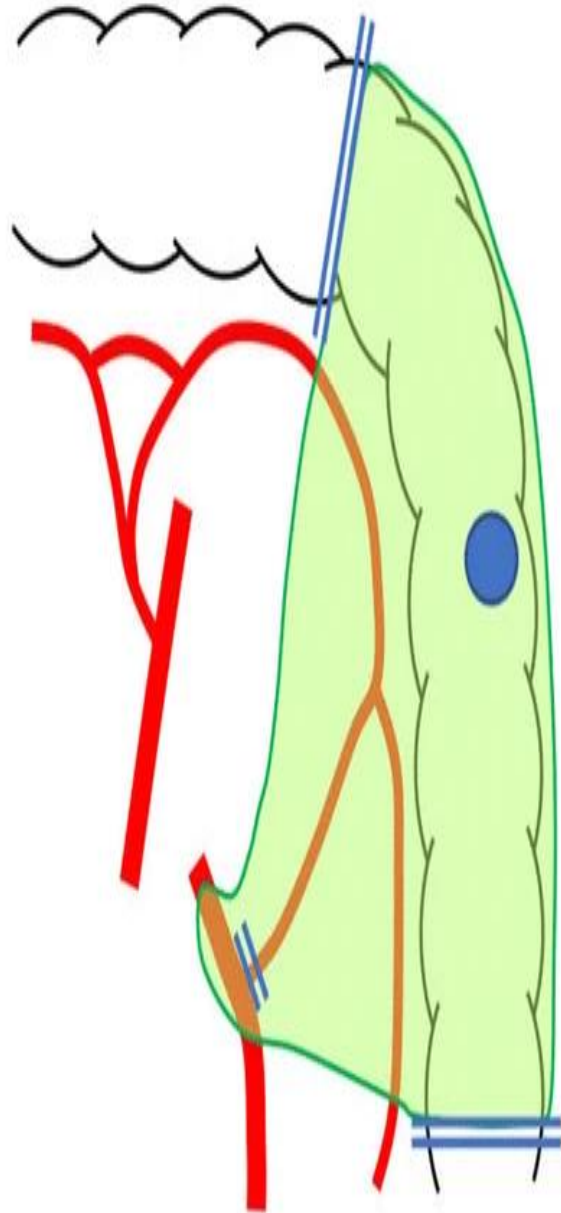
- *Arguments in favor of one surgical procedure over another are largely based on the understanding of the vascularization and lymphatic drainage of the splenic flexure . However , the choice of operation is further complicated by the consideration of three important surgical outcomes : cancer-related survival , post-operative morbidity (specifically anastomosis leak) . And functional results*

- *The preference for segmental resection of the splenic flexure is relatively low in several centers , while others strongly advocate for this colon-sparing option as it avoid unnecessary ligation of the middle colic vessels. So , a more limited colon resection is indeed safe and can still provide adequate oncologic outcomes .*

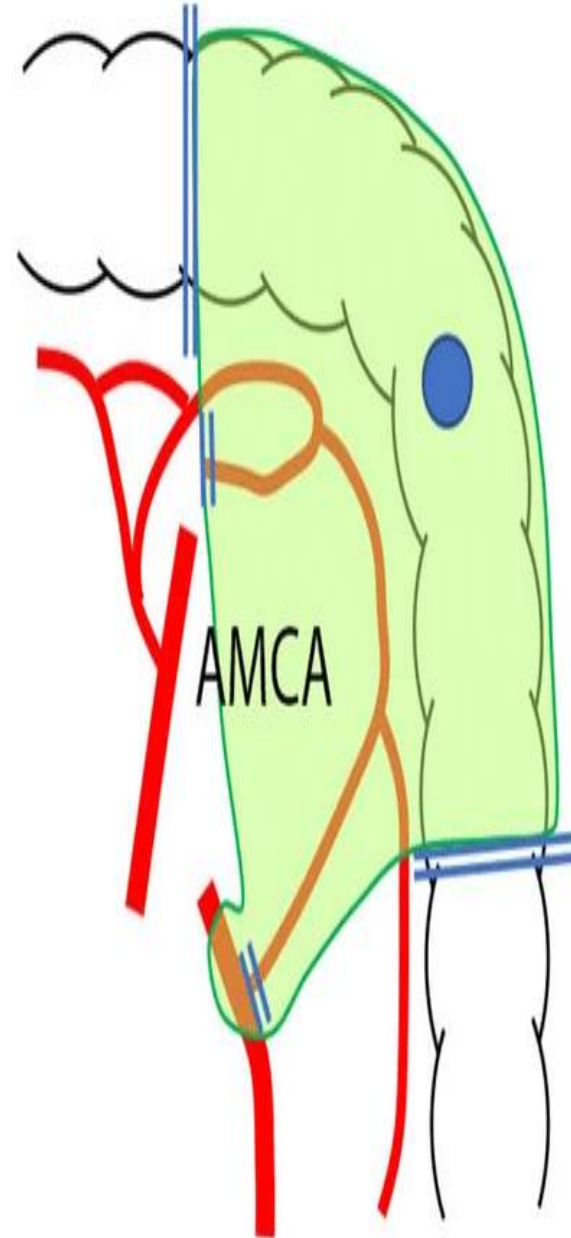
Case 1



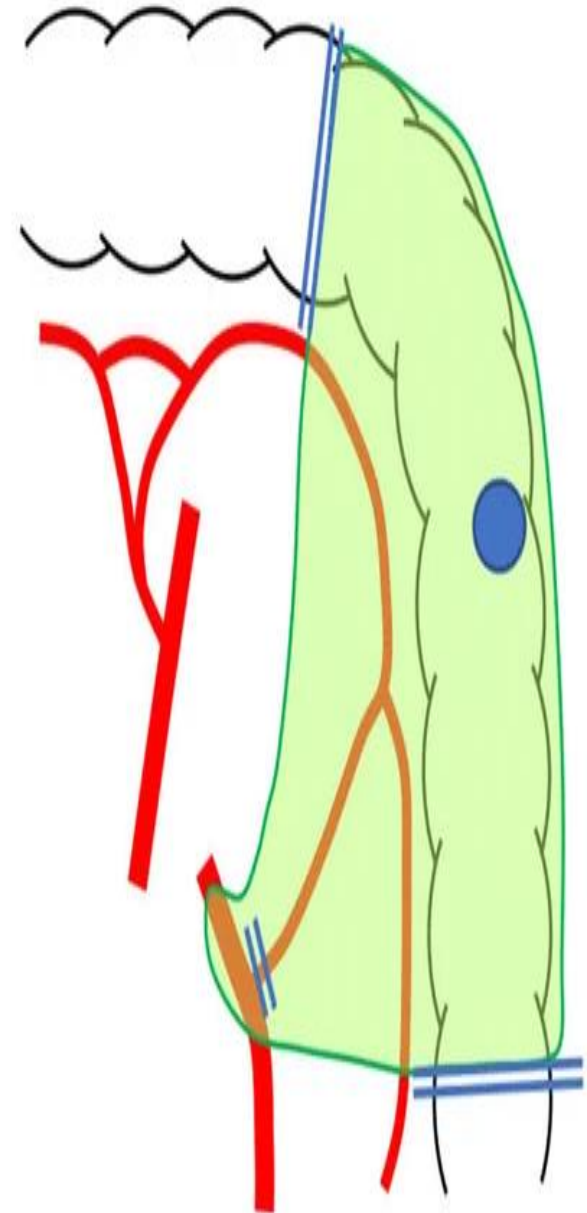
Case 2



Case 3



Case 4

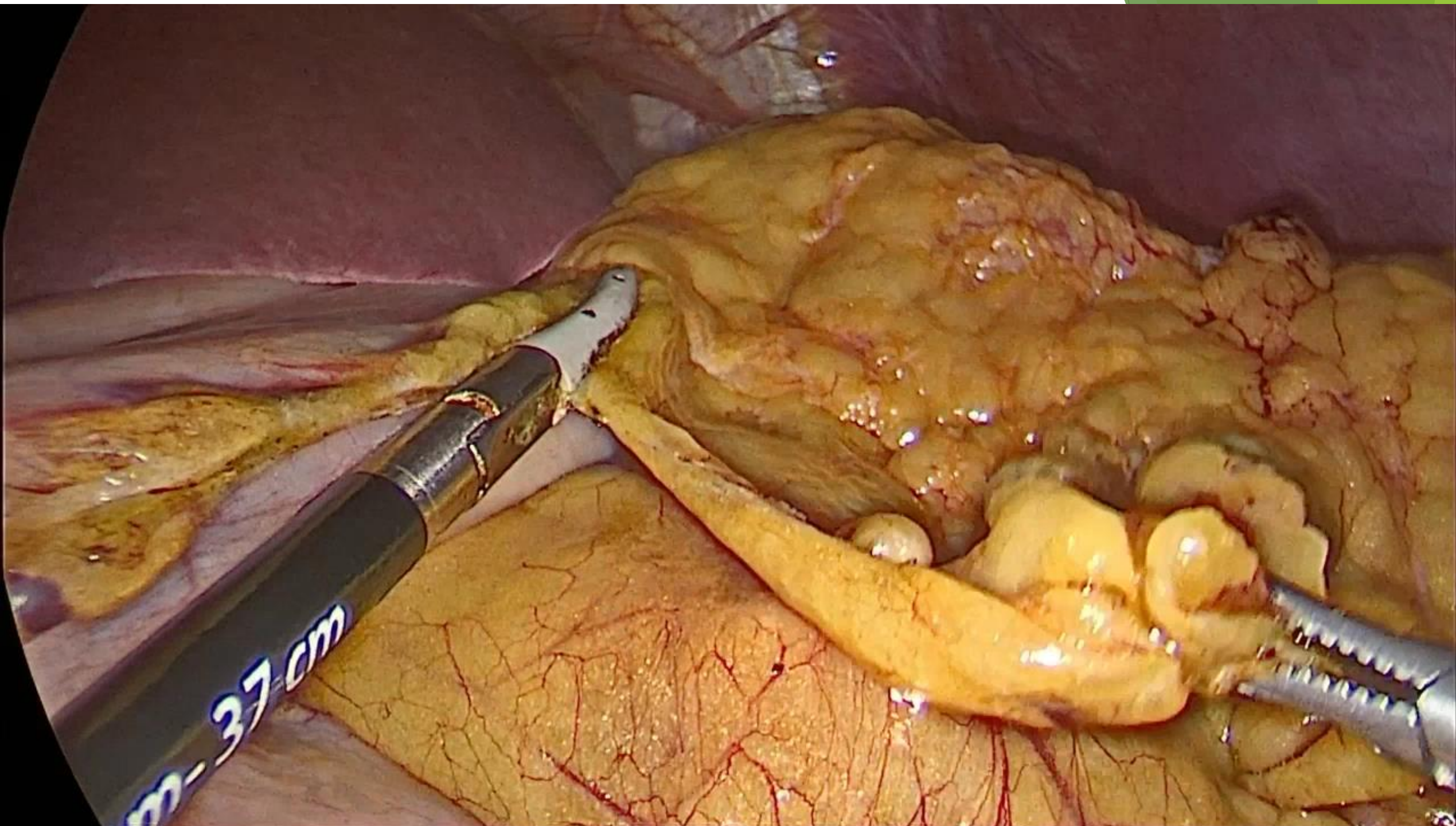


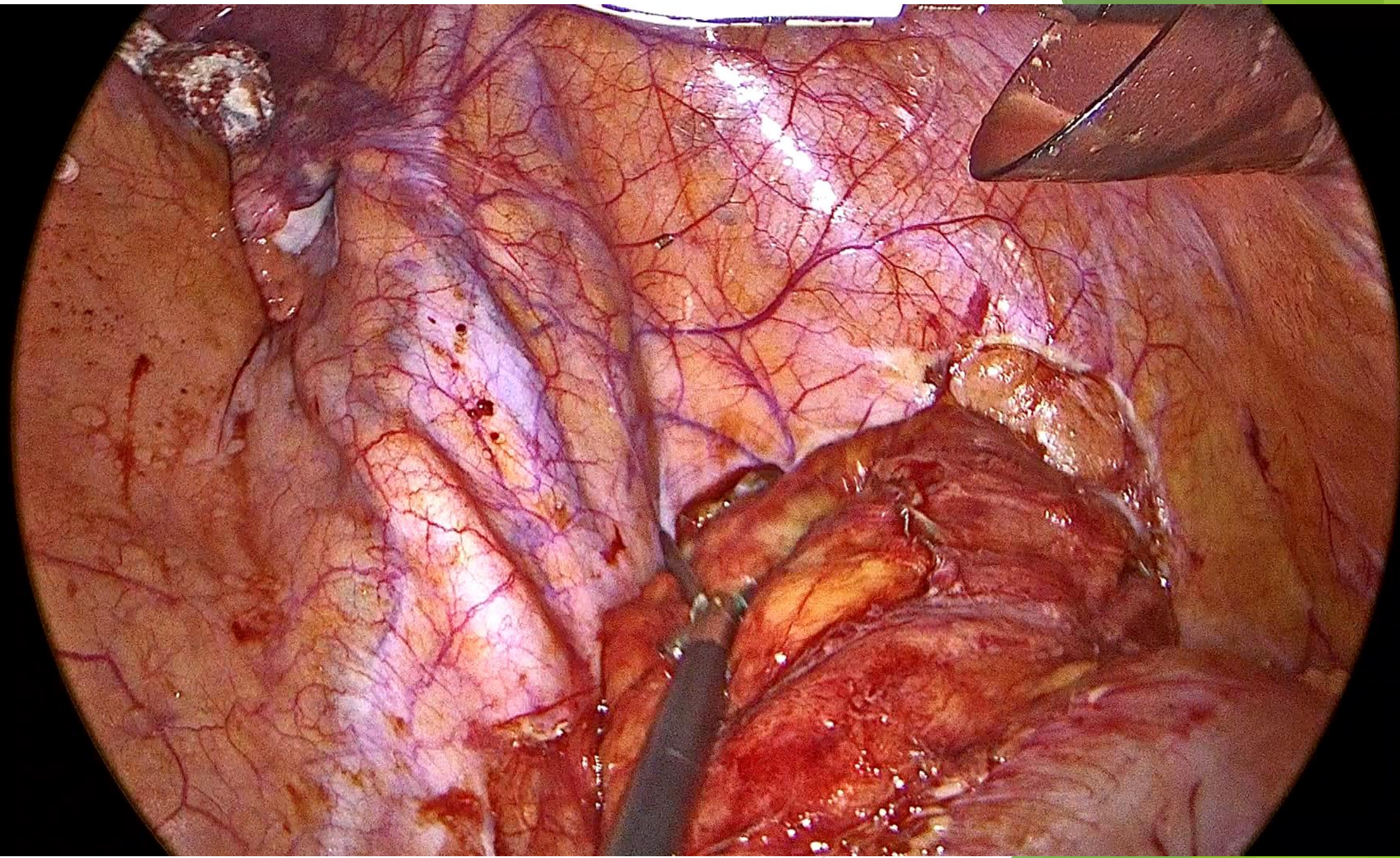
- **7 retrospective studies .**
- **Segmental VS extended right and left hemicolectomy .**
- **No difference were found between groups regarding 5 years survival or 5 year disease free survival**
- **No difference were found between groups regarding anastomotic leak rate**
- **Adequate mesentrectomy and Adequate lymph node harvested**



Meta-Analysis

Comparison of extended right hemicolectomy, left hemicolectomy and segmental colectomy for splenic flexure colon cancer: a systematic review and meta-analysis







1-Tumor location .

2-pathological staging

3-Understanding vascular supply. (3D CT)

4-Understanding lymphatic drainage.(peritumoural ICG)

5-central ligation and/or complete lymphadenectomy .

6-Anastomosis with good vascular supply and tension free

7-functional outcome

thank
you

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