

Laparoscopic Segmental Colectomy of the Splenic Flexure with Three Trocars

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LINK <https://youtu.be/zIFjLHIm2Co>

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INTRODUCTION

The low incidence of splenic flexure tumors, combined with the technical difficulties involved in their removal, means that laparoscopic resection remains challenging for colorectal surgeons.

Surgical options include radical resections (extended right colectomy or left colectomy) and segmental resections, with similar oncological outcomes.^{1,2}

DESCRIPTION

We present the case of a 64-year-old male patient with an adenocarcinoma of the splenic flexure that could not be negotiated during colonoscopy. He underwent a laparoscopic segmental colectomy utilizing three ports. The patient was placed in the reverse Trendelenburg position and lateralized to the right. The procedure involved the placement of a 12-mm optical trocar at the right paraumbilical level, a 5-mm left subcostal trocar, and a 5-mm trocar in the left iliac fossa. The medial approach was initiated with dissection of the distal transverse mesocolon. The left branch of the middle colic artery was divided with a Harmonic scalpel. Subsequently, the left colic artery and inferior mesenteric vein were ligated proximally and distally with polymer clips and divided with a Harmonic scalpel. The lateral approach involved sectioning of the phrenicocolic ligament, mobiliza-

tion of the colon along the left paracolic gutter, and dividing the phrenicocolic and gastrocolic ligaments. After mobilization, the transverse and descending colon were exteriorized, divided with a linear stapler, and removed. The surgical team performed a hand-sewn side-to-side anastomosis, guided by their experience and the satisfactory outcomes previously achieved. The patient exhibited a favorable postoperative recovery and was discharged 72 hours later without complications. The pathology report indicated pT3N0 adenocarcinoma, with no identified risk factors.

CONCLUSION

A laparoscopic segmental colectomy of the splenic flexure performed using only three ports is a feasible and safe procedure for selected patients when undertaken by a team trained in laparoscopic colorectal surgery.

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