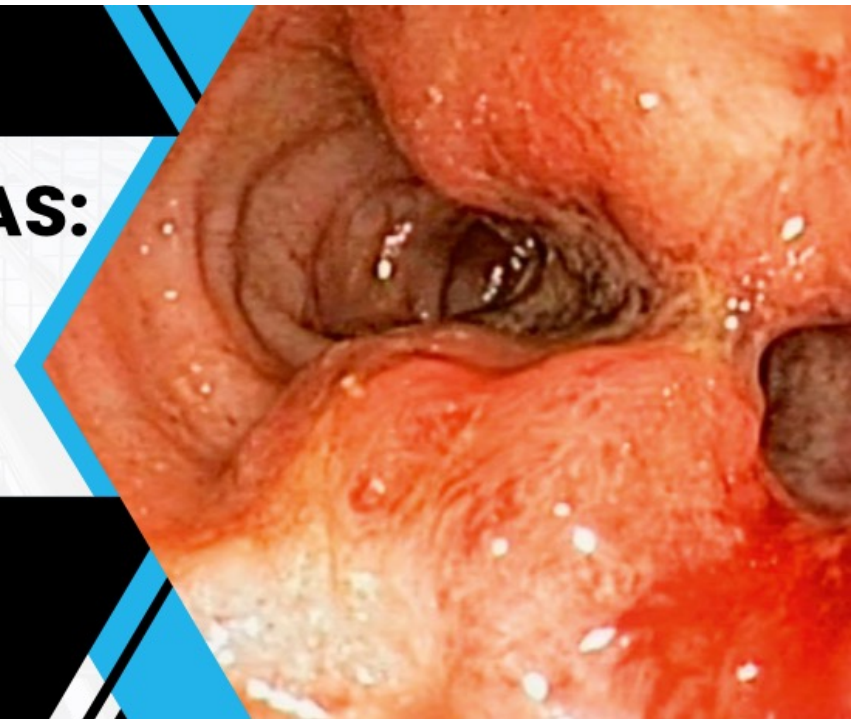


# TREATMENT OF SPLENIC FLEXURE CARCINOMAS: SEGMENTAL LEFT COLECTOMY VS EXTENDED RESECTIONS – THE HONG KONG EXPERIENCE

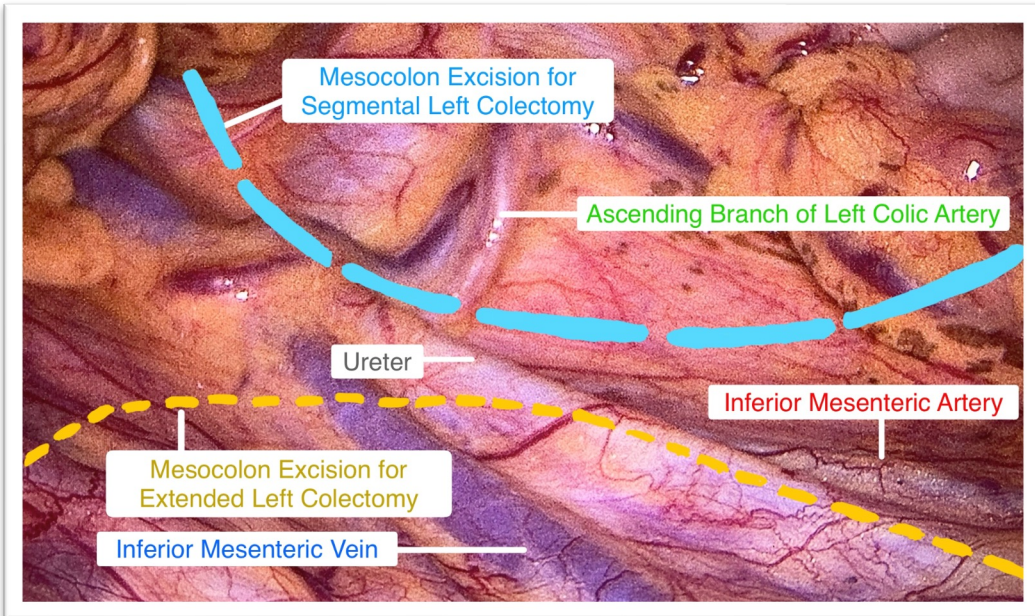
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## INTRODUCTION

The optimal surgical management of splenic flexure carcinoma (SFC) remains controversial. **Segmental left colectomy (SLC)** or **more extensive resections (ER)** (extended right hemicolectomy or extended left hemicolectomy) are performed. This study aimed to investigate the short-term and long-term outcomes of segmental left colectomy.



- **Blue** ---- SLC with removal of left branch MCA & ascending left coli and associated lymphatics
- **Orange** – Extended left colectomy with removal of IMA and left branch of MCA

## MATERIALS & METHODS

### Retrospective study: Inclusion criteria

- Consecutive patients who had **curative-intent colectomy** for SFC between *Jan 2013 and Dec 2015* in two hospitals in Hong Kong.
- Tumours located between **distal 1/3 of transverse colon** to **proximal 1/3 of descending colon** were included

### Aim - Short term outcome

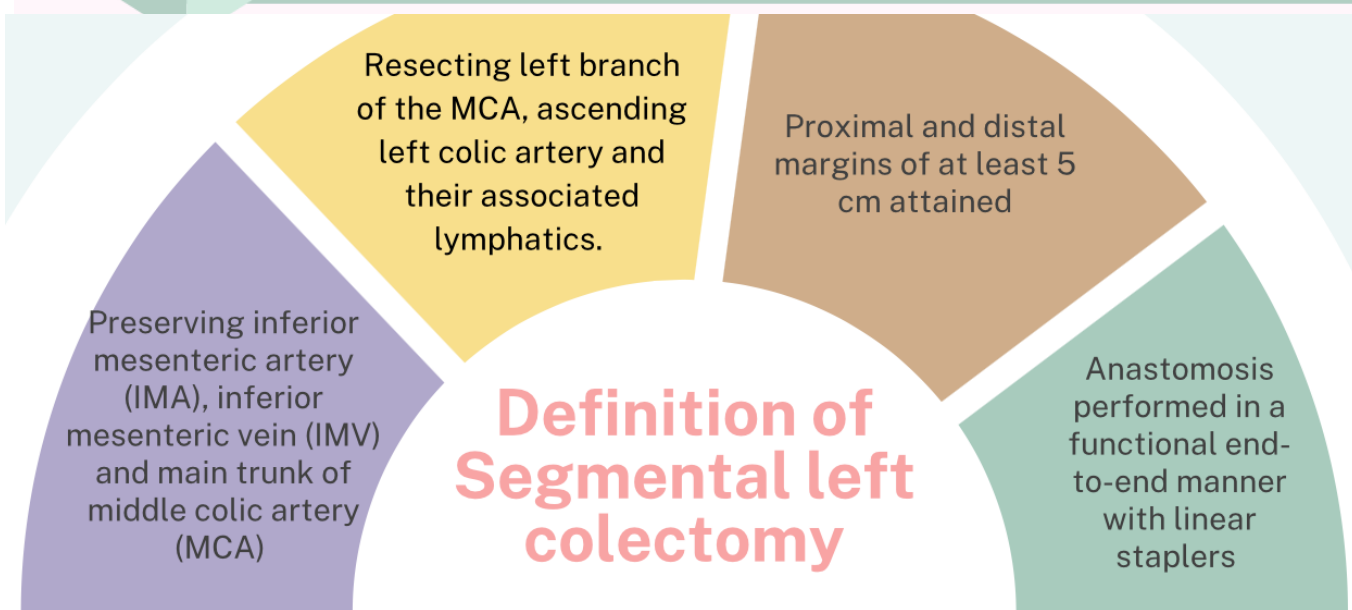
- Operative time
- Length of hospital stay
- Pathology specimen findings

### Aim - Long term outcome

- Overall survival
- Recurrence

### Correlation and survival analyses

- Chi-square
- Kaplan-Meier tests



## CONCLUSION

Segmental colectomy has **comparable oncological and survival** outcomes, at the same time, has **more outstanding short-term results**

## RESULTS

Total: 67 SFC patient

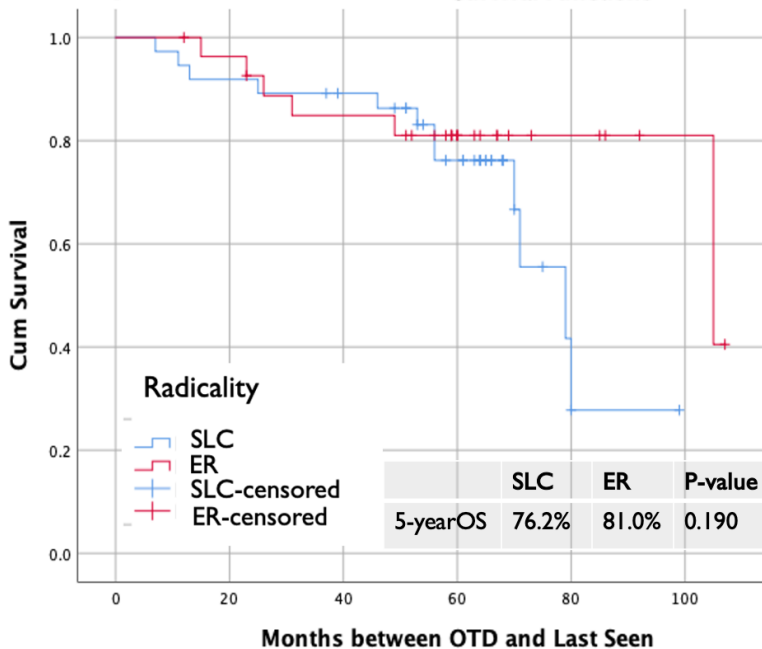
	SLC (n=39)	ER (n=28)	P-value
Male	21 (53.8%)	15 (53.6%)	0.982
Age, median	75.0	70	0.036
Tumour location			0.129
• Distal transverse	11 (28.2%)	14 (50.0%)	
• Splenic flexure	8 (20.5%)	6 (21.4%)	
• Proximal descending	20 (51.3%)	8 (28.6%)	
Procedures			
• Extended right		17 (60.7%)	
• Extended left		8 (28.6%)	
• Subtotal colectomy		3 (10.7%)	
Emergency setting	5 (12.8%)	8 (28.6%)	0.128
Laparoscopic	25 (64.1%)	14 (50.0%)	0.466

### SHORT TERM OUTCOMES

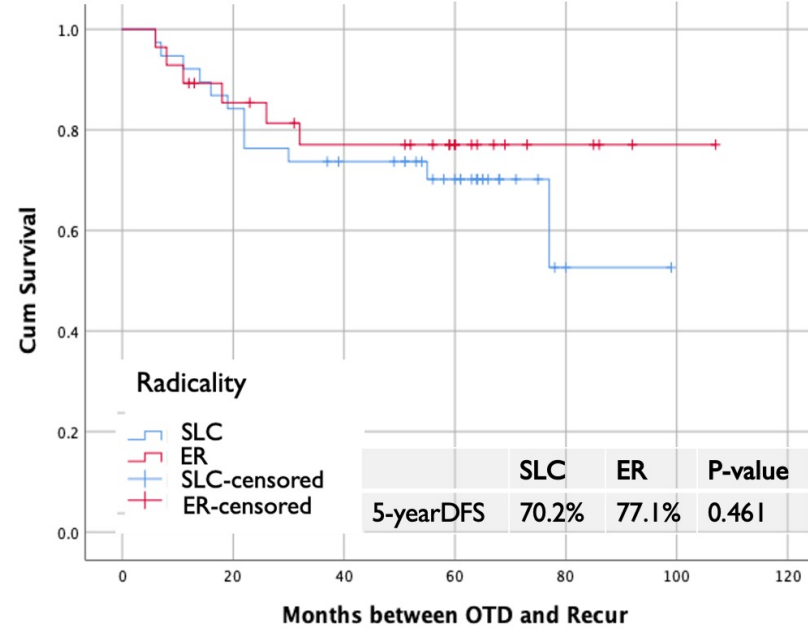
	SLC	ER	P-value
Operative time, median	160 mins	197 mins	<b>&lt;0.001</b>
Blood loss, median	50 ml	50ml	0.100
Length of stay, median days	7 (3-57)	16 (8-43)	0.346
Lymph node (LN) >12	36 (92.3%)	26 (92.9%)	0.656
LN harvested, median	16	17	0.500
T stage			0.450
- T1	2 (5.1%)	2 (7.1%)	
- T2	2 (5.1%)	4 (14.3%)	
- T3	25 (64.1%)	18 (64.3%)	
- T4	10 (25.6%)	4 (14.3%)	
N-stage			0.425
- N0	22 (56.4%)	17 (60.7%)	
- N1	10 (25.6%)	9 (32.1%)	
- N2	7 (17.9%)	2 (7.1%)	
Involved margin	1 (2.6%)	1 (3.6%)	1.000

### LONG TERM OUTCOMES

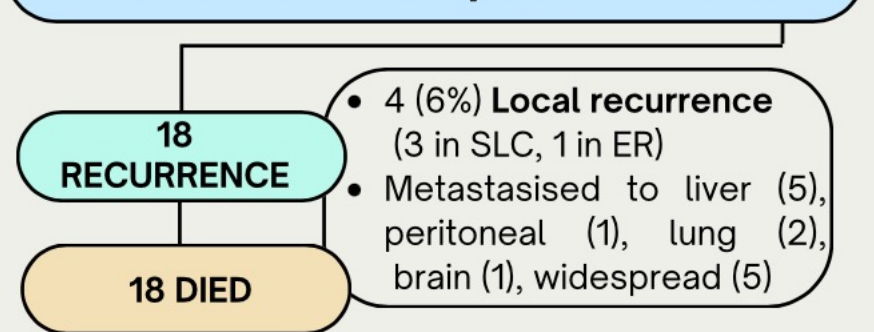
#### 5-year overall survival Survival Functions



#### 5-year Disease-free survival Survival Functions



### Median follow-up: 59 months



## DISCUSSION

- Segmental colectomy was found have **statistically significant shorter operative time** (median 160 vs 197 minutes,  $p < 0.001$ ) and a trend of **shorter hospital stay** (median 7 vs 16 days,  $p = 0.346$ ), compared with ER.

- The extent of lymph node harvest and resection margin are often a concern. Our study showed that the median number of **lymph nodes harvested** (16 vs 17,  $p = 0.500$ ) and percentage with **negative margins achieved** (97.4% vs 96.4%  $p = 0.99$ ) were **comparable** in both groups.