

Laparoscopic *en bloc* resection of T4b splenic flexure cancer with infiltration of the stomach and tail of the pancreas – a video vignette

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Dear Editor,

Treatment of T4b colonic cancer requires multiorgan resection, and it is usually considered a contraindication for the laparoscopic approach. Nevertheless, recent [1–3] results from non-randomized studies demonstrate that, if R0 resection is obtained, the well-known short- and long-term benefit of laparoscopic surgery can be achieved with similar survival to those operated by open resection.

We present a case of a 67-year-old man diagnosed with adenocarcinoma of the splenic flexure that at preoperative evaluation with thoraco-abdominal CT scan showed no distant metastases but local invasion of the greater curvature of the stomach and the tail of the pancreas.

Video S1 shows the intra-operative set-up (standard four trocar placement as for standard laparoscopic splenic flexure resection) and confirmed infiltration of the two organs requiring *en bloc* multiorgan resection in order to achieve R0 resection. The tumour was then removed through a suprapubic incision followed by side to side colo–colic intracorporeal anastomosis.

The postoperative course was uneventful, with a length of stay of 9 days. The pathology results confirmed the diagnosis of colonic adenocarcinoma pT4b (infiltration of the whole colonic wall, the perivisceral fat, the omentum, the pancreatic tail and the gastric wall to the gastric mucosa which demonstrates

ulceration), N0 (0/45 nodes), with negative peritoneal cytology.

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Supporting Information

The video may be found in the online version of this article and also on the Colorectal Disease Journal YouTube and Vimeo channels:

Video S1. Laparoscopic *en bloc* resection of the splenic flexure, the greater curvature of the stomach, tail of the pancreas and spleen for T4 colonic cancer.