Hepato-Gastroenterology
Current Medical and Surgical Trends

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EXPRESS COMMUNICATION

251-256  Expression of Vasohibin-2 in Pancreatic Ductal Adenocarcinoma Promotes Tumor Progression and is Associated with a Poor Clinical Outcome

Our results suggest that overexpression of VASH2 accelerated the pace of tumor development toward a more serious malignant phenotype and was associated with a poor clinical outcome. VASH2 may be an important novel target for the management of PDAC after surgery.

BILIARY TREE

257-260  Impact of GLP-1 Analogue on Oxidative Damage and Hepatic Regeneration in Experimental 70% Hepatectomy Model

GLP-1 induction plays a regenerative role in the major hepatectomy. This effect is dependent on modulation of the antiapoptotic and antioxidative pathways by GLP 1 expression.

CLINICAL PRACTICE

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264-267  Quality of Laparoscopic Total Mesorectal Excision: Results from a Single Institution in China
Deng H, Chen H, Zhao L, et al.

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268-272  Association between Chronic Use of Proton Pump Inhibitors and Small-Intestinal Bacterial Overgrowth Assessed using Lactulose Hydrogen Breath Tests

PPI treatment is not associated with SIBO in Japanese patients. Mechanisms apart from SIBO could cause the high prevalence of postprandial fullness in PPI users.

273-278  Outcomes of Laparoscopic Colorectal Surgery in Patients of Previous Abdominal Surgery: A Systematic Review and Meta-Analysis
Wang L, Yan H and Li J

Results of this study suggest that laparoscopy is too safe and effective in the treatment of colorectal disease for patients with previous abdominal surgery as it is for those without surgical backgrounds. However, sufficient large-volume study is necessary to validate the long-term outcomes in previous abdominal surgical patients.

279-282  Efficacy of Non-Stented Pancreaticojejunostomy Demonstrated in the Hard Pancreas

The aim of this study was to compare hard and soft pancreas for short-term complications of pancreaticoduodenectomy performed with a duct-to-mucosa anastomosis of pancreaticojejunostomy without a stenting tube. Efficacy of pancreaticojejunostomy without a stenting tube for hard pancreas was demonstrated.
**COLORECTAL**

283-285  
C-Reactive Protein Level As a Possible Predictor for Early Postoperative Ileus Following Elective Surgery for Colorectal Cancer  
Fujii T, Sato H, Kiguye W, et al.  
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Synchronous and Metachronous Colorectal Cancers: Distinct Disease Entities or Different Disease Courses?  
Huang CS, Yang SH, Lin CC, et al.  
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Lymph Node Ratio May Predict Relapse Free Survival and Overall Survival in Patients with Stage II & III Colorectal Carcinoma  
Zekri J, Ahmad I, Fawzy E, et al.  
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Factors Affecting the Detection of Colorectal Cancer and Colon Polyps on Screening Abdominal Ultrasonography  
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299-302  
The Impact of Anesthetic Techniques on Survival for Patients with Colorectal Cancer: Evidence Based on Six Studies  
Sun X, Yang C, Li K, Ding S  
Although epidural anesthesia might not lead to improved recurrence free survival, it had significant benefit in improving overall survival and reducing all-cause of death. It might be a useful anesthetic technique for colorectal cancer patients undergoing surgery. However, prospective studies are required to confirm whether this benefit is causative with epidural anesthesia.

303-308  
Feasibility Assessment of Modified FOLFOX-6 as Adjuvant Treatment after Resection of Liver Metastases from Colorectal Cancer: Analyses of a Multicenter Phase II Clinical Trial (Miyagi-HBPCOG Trial-001)  
Kotzoyo Y, Yamamoto K, Nakagawa K, et al.  
mFOLFOX6 after hepatectomy was tolerable, and mFOLFOX6 also seemed to improve DFS. mFOLFOX is one of the options for such patients and appears promising as an adjuvant treatment.

**GASTROINTESTINAL**

309-318  
Anti-TNF-A Therapy about Infliximab and Adalimumab for the Effectiveness in Ulcerative Colitis Compared with Conventional Therapy: A Meta-Analysis  
Zhou Z, Dai C, Liu WX  
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319-322  
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323-326 Esophagojejunostomy Reconstruction Using a Robot-Sewing Technique During Totally Robotic Total Gastrectomy for Gastric Cancer
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327-328 Serum Alpha-fetoprotein May Have a Significant Role in the Surveillance of Hepatocellular Carcinoma in Hepatitis B Endemic Areas
Sinn DH, Yi J, Choi MS, et al.
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333-340 Diagnosis of Esophageal Varices on Liver CT: Is Thin-Section Reconstruction Necessary?
Park HS, Kim YJ, Ko SY, et al.
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341-345 Risk Factors Associated with Outcome in Liver Transplantation: Multicentric Study
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346-349 The Risk Factors for Mortality and Septic Shock in Liver Transplant Recipients with ESKAPE Bacteremia
Ouyang W, Li XX, Wan Q, Ye Q
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350-354 Interferon α2b Increases MMP-13 and IL-10 expression in Kupffer cells through MAPK Signaling Pathways
Yu Z, Xie M, Fan X, Jia J
Kupffer cells play critical roles in both progression and resolution of liver fibrosis. Interferon α2b is an important immunoregulator which has anti-fibrotic effect in addition to its antiviral effect. It remained unclear whether the anti-fibrotic effect of interferon α2b is mediated by regulating functions of Kupffer cells. Interferon α2b may exert anti-fibrotic effect by elevating the level of matrix metalloproteinase-13 and interleukin-10 in Kupffer cells, in a mitogen-activated protein kinase signaling pathways-dependent manner.

355-357 Ovarian Cancer Liver Metastases – Should We Apply the Principle of Optimal Cytoreduction to the Liver? A Review
Bacalbasa N, Popescu I
Due to the success of liver resections in colorectal metastases and the development of liver surgery in general, different centers worldwide analyzed in the last 20 years liver resections' utility for other primaries, including ovarian tumors.

358-362 Comparison of the Level of Intraoperative Nociception between Laparoscopic and Open Hepatic Resection
Hashimoto K, Miyawaki H, Iwayama S, et al.
The level of nociception during laparoscopic hepatic resection is likely similar to that during open hepatic resection. An assertive anti-nociceptive strategy might be required for laparoscopic procedures under general anesthesia, as with open procedures.

363-367 Comparison between Anatomical Subsegmentectomy and Non-Anatomical Partial Resection for Hepatocellular Carcinoma Located Within a Single Subsegment: A Single-Center Retrospective Analysis
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368-372 Serum High-sensitivity C-reactive Protein are Associated with HBV Replication, Liver Damage and Fibrosis in Patients with Chronic Hepatitis B
Ma LN, Liu XY, Luo X, et al.
C-reactive Protein are associated with HBV replication, liver damage and fibrosis in patients with chronic hepatitis B, and serum high-sensitivity C-reactive Protein may be a marker for diagnosing significant fibrosis in patients with chronic hepatitis B, and can reflect the severity of liver damage.

373-377 The Effect of Radiofrequency Ablation vs. Liver Resection on Survival Outcome of Colorectal Liver Metastases (CRLM): A Meta-Analysis
Bai H, Huang X, Jing L, Zeng Q, Han L.
In patients with resectable CRLM, LR is superior to RFA in survival outcomes. RFA should be reserved for patients who are not optimal candidates for resection until new supportive evidence is obtained from large RCTs.

378-382 Identification of MicroRNAs and Target Genes Involvement in Hepatocellular Carcinoma with Microarray Data
The aim of the study is to identify the differentially expressed microRNAs (miRNAs) between hepatocellular carcinoma (HCC) samples and controls and provide new diagnostic potential miRNAs for HCC. We got the conclusion that the differentially expressed hsa-miR-106b may play an important role in the development of HCC by regulating the expression of its potential target gene PTPRT.

383-388 Tumor-To-Muscle Ratio of 18F-FDG PET for Predicting Histologic Features and Recurrence of HCC
Baeck YH, Lee SW, Jeong YJ, et al.
Hepatocellular carcinoma (HCC) recurrence is observed in up to 70-80% of patients despite a curative treatment. Microvascular invasion (MVI) and poor differentiation are strong risk factors for recurrence, but these cannot be known preoperatively. The aim of this study was to investigate the correlation of 18F-FDG PET with MVI and differentiation, and predictive role of tumor-to-background ratio of PET for recurrence in HCC. Increased 18F-FDG uptake of HCC, especially high TMR might be correlated with MVI and poor differentiation, and tends to have a risk for recurrence in HCC.

389-392 Two-Surgeon Technique For Liver Transection Using Precoagulation By A Soft-Coagulation System And Ultrasonic Dissection
The two-surgeon technique using precoagulation by an SCS and CUSA was significantly reduced blood loss during liver transection, and associated with low morbidity and mortality. This technique may be useful for many hepatobiliary surgeons.

393-398 Red Blood Cell Distribution Width as a Non-Invasive Marker for the Assessment of Inflammation in Non-Alcoholic Steatohepatitis
The aim of this study was to assess the association between red cell distribution width and inflammation in biopsy proven non-alcoholic steatohepatitis. Red cell distribution width was a sensitive and specific method for the assessment of the inflammation in patients with non-alcoholic steatohepatitis.

399-404 Intrahepatic Metastasis is More Risky than Multiple Occurrence in Hepatocellular Carcinoma Patients after Curative Liver Resection
Kim JM, Kwon CHD, Joh JW, et al.
The characteristics of multiple nodules in hepatocellular carcinomas (HCCs) after curative liver resection remain obscure. We compare the clinicopathologic characteristics and prognosis between patients with hepatic lesions with multicentric occurrence (M0) and intrahepatic metastasis (IM) at the time of surgical resection. Among HCCs, the prognosis of patients with M0 is significantly better than that of patients with IM.

405-409 Era of Liver Transplantation: Combined Anatomic Spleenectomy and Anticoagulant Therapy in Prevention of Portal Vein Thrombosis After Splenectomy
Hongwei C, Zhang L, Maoping L, et al.
Combined anatomic spleenectomy and early postoperative anticoagulant therapy can reduce post-splenectomy portal vein thrombosis in patients with portal hypertension, and is conducive to the future liver transplantation therapy may be needed by the patients.

410-416 Management of Severe Blunt Liver Injuries by Applying the Damage Control Strategies with Packing-Oriented Surgery: Experiences at a Single Institution in Korea
Although nonoperative management can first be pursued if the patient’s condition allows for it, homodynamic instability and evidence of peritonitis requires surgical management. Surgical management should abide by the damage control surgery principles that focus on packing to minimize surgical time, followed by aggressive critical care according to damage control resuscitation.
Evaluation of Antibiotic Use to Prevent Post-Endoscopic Retrograde Cholangiopancreatography Pancreatitis and Cholangitis
Ishigaki T, Sasaki T, Serikawa, et al.
The purpose of this study was to evaluate the relationship between prophylactic antibiotic use and complications following endoscopic retrograde cholangiopancreatography (ERCP). Prophylactic antibiotics do not reduce the incidence of either pancreatitis or cholangitis following ERCP.

The Effect of No Naked Pancreatic Surface in the Cavity of Jejunum on Pancreaticojjunostomy in 132 Consecutive Cases
The technique of no naked pancreatic surface in the cavity of jejunum can be routinely used in any case with pancreaticojjunostomy. It is a safe, simple, and effective technique that avoids the primary complication of anastomotic leakage.

Emergent Triglyceride-Lowering Therapy for Hypertriglyceridemic Pancreatitis
He W, Lu N
Hypertriglyceridemia (HTG) is recognized as a main cause of acute pancreatitis. The clinical course of hypertriglyceridemic pancreatitis (HTGP) is usually severe and often associated with complications. Patients with HTGP need therapeutic strategies aimed at rapidly reducing triglyceride (TG) serum levels. Here we review the effects of emergent triglyceride-lowering therapies as well as their advantages and controversies. Insulin, LMOH combined with insulin, TPE and DF could be used as emergent therapies for HTGP.

Correlations between Serum Trypsinogen-2 and Pancreatic Cancer
Cao J, Xia C, Cui T, et al.
Serum trypsinogen-2 is associated with PC and pancreatitis. Levels between 1.8μg/L and 19.9μg/L strongly suggest PC. Detection of serum trypsinogen-2 may provide simple, sensitive, specific non-invasive initial screening for early PC diagnosis.

Correlation of Computed Tomography Imaging Features and Pathological Features of 41 Patients with Pancreatic Neuroendocrine Tumors
Although PNET has many imaging features that appear on CT, G2 and G3 tumors often show atypical imaging features, particularly with large sizes and ill-defined features, when compared with G1 tumors. If a PNET has atypical imaging features, possibility of malignancy should be considered.

Results of Pancreaticojejunostomy End-To-Side Anastomosis Using the Invagination Method Without a Pancreatic Stenting Tube
The reconstructive pancreaticojejunostomy procedure performed at our hospital appears to be safe and convenient, and we plan to collect additional data, including assessments of the function of the remaining pancreas, in the future.

Outcome after Pancreaticoduodenectomy for Malignancy in Elderly Patients
The aim of this study is to evaluate short-term outcomes and long-term survival after pancreaticoduodenectomy for malignancy in elderly Chinese patients (aged 70 years or older) compared with younger patients. Our results showed that pancreaticoduodenectomy for malignancy in Chinese patients over 70 years old could be performed safely. Age should not be considered as a contraindication to pancreaticoduodenectomy.

Detailed Analysis of Extra-Pancreatic Nerve Plexus Invasion in Pancreatic Body Carcinoma Analyzed by 50 Consecutive Series of Distal Pancreactectomy with En-Bloc Celiac Axis Resection
Tsuchikawa T, Hirano S, Nakamura T, et al.
Carcinoma of the pancreatic body is found to frequently accompany PL invasion around CA. Under the limitation of low diagnostic accuracy, DP-CAR might be a feasible operation that increases the possibility of R0 resection.

Individualized Perfusion of Sargent Gloryvine Decoction for Clinical Severe Acute Pancreatitis Treatment
Jun N, Wenbin Y, Feng C, Qiang Y, Guokei Z
The aim of this study is to observe the effects of Sargent glorywine decoction (SGD) on severe acute pancreatitis (SAP) treatment and to evaluate its clinical value. According to comparison, perfusion of SGD is a potential candidate for SAP treatment and is valuable in clinical application.
463-465 **Diffusion-Weighted Whole Body Imaging with Background Body Signal Suppression/T2 Image Fusion is Negative for Patients with Intraductal Papillary Mucinous Neoplasm**
Tomizawa M, Shinozaki F, Motoyoshi Y, et al.

DWIBS/T2 signals were analyzed in patients with IPMN to investigate positive or negative results. DWIBS/T2 was negative for patients with IPMN. DWIBS/T2 might be useful for the evaluation of malignant progression, in addition to observation.

466-471 **Perioperative Administration of Daikenchuto (TJ-100) Reduces the Postoperative Paralytic Ileus in Patients with Pancreaticoduodenectomy**

No study has reported whether perioperative administration of Daikenchuto (TJ-100) reduces paralytic ileus after pancreaticoduodenectomy (PD). Perioperative administration of TJ-100 was feasible and reduced the incidence of paralytic ileus in PD, and further randomized controlled trials should be conducted.

472-477 **Lymphatic Invasion is an Independent Prognostic Factor in Pancreatic Cancer Patients Undergoing Curative Resection Followed by Adjuvant Chemotherapy with Gemcitabine or S-1**

Lymphatic invasion is the most important prognostic factor for OS and RFS in patients with pancreatic cancer who undergo curative resection followed by adjuvant chemotherapy. The present results suggest that adjuvant chemotherapy is not sufficient, especially in patients with risk factors. Such patients should be evaluated as a target group for clinical trials of novel treatments.

478-484 **Practical Prognostic Index for Survival in Patients with Unresectable Pancreatic Cancer treated with Gemcitabine or S-1**

We performed this retrospective cohort study to identify prognostic factors for unresectable pancreatic cancer treated with current standard therapy using gemcitabine (GEM) or S-1 and to stratify patients prior to treatment using a prognostic index (PI). We identified three prognostic factors in the population after the introduction of S-1, and have created a simple and useful PI. This index demonstrates the ability to accurately classify advanced pancreatic cancer patients before the start of treatment.

485-492 **Drain Selection Reduces Pancreatic Fistulae Risk: A Propensity-Score Matched Study**

Appropriate drainage management after pancreaticoduodenectomy (PD) is important to prevent and manage serious complications. This prospective study evaluated postoperative complications with either closed or open drainage placement after PD. These results indicate that postoperative retrograde infections may be prevented, and the incidence of pancreatic fistula reduced, with a closed drainage system.

**STOMACH**

493-496 **Early Effects of Oral Administration of Esomeprazole and Omeprazole on the Intragastric pH**

In Helicobacter pylori-negative healthy male subjects, single oral administration of esomeprazole 20 mg increased the intragastric pH more rapidly than single oral administration of omeprazole 20 mg.

497-502 **Effects of AGBL2 on Cell Proliferation and Chemotherapy Resistance of Gastric Cancer**

The present study aimed to investigate the expression status of AGBL2 and its inhibitor latexin, and elucidate their clinical implications in gastric cancer. Our results demonstrate that AGBL2 interacts with latexin, regulating the tubulin tyrosination cycle. It is therefore a potential target for intervention.

503-506 **Protein Microarray Analysis for Detection of Serum Anti-Helicobacter pylori Antibodies after Eradication Therapy: A Clinical Follow-up**
Cui M, Wei H, Mu F, et al.

The disease type and serum anti-CagA antibody levels affect the therapeutic outcome of Hp eradication therapy. Protein microarray detection of Hp-related antibodies did not have significant application value for the long-term follow-up of Hp infection after eradication therapy.

507-511 **Metastatic Lymph Node Ratio and Prognosis of Gastric Cancer at Different pT Stages**

MLR is an independent risk factor in the prognosis of gastric cancer. MLR has a prognostic ability comparable to that of pN stage in gastric cancer. Thus, it is more reliable than pN in the evaluation of prognosis of gastric cancer patients, especially those with stage pT2–pT3 gastric cancer.
512-517 Risk Factors Associated with Multiple and Missed Gastric Neoplastic Lesions After Endoscopic Resection: Prospective Study at a Single Institution in South Korea
Han JS, Jang JS, Ryu HC, et al.
Old age, male gender; severe intestinal metaplasia were risk factors for multiple gastric lesions after endoscopic resection. Follow-up endoscopy is needed at least one time within six months after resection, with careful inspection of entire stomach.

518-523 Single-Incision Laparoscopic Distal Gastrectomy for Early Gastric Cancer Through a Homemade Single Port Access Device
This homemade single port access device shows its superiority in economy and convenience for complex single-incision surgeries. Single-incision laparoscopic distal gastrectomy for early gastric cancer can be conducted by experienced laparoscopic surgeons. Fully take advantage of both SILS and fast track surgery plan can bring to successful surgeries with minimal postoperative pain, quicker mobilization, early recovery of intestinal function, and better cosmesis effect for the patients.

524-528 Regulatory Mechanisms of Transcription Factors and Target Genes on Gastric Cancer by Bioinformatics Method
Jian T, Yun C
In gastric cancer progression, E2F1 may play vital roles in the involvement of cell cycle pathway through regulating its target gene MCM3, which might interact with MCM4, MCM5 and MCM7. Besides, STAT1 was another potentially critical transcription factor which could regulate multiple target genes.

529-535 Risk, Diagnosis and Treatment to Postoperative Delirium in Elderly Patients with Gastrointestinal Cancers
Ma LN, Zhang RL
In recent years, more elderly patients with gastrointestinal cancers have been undergoing surgery. As one of main postoperative complications, postoperative delirium (POD) is harmful and difficult to prevent and treat. Prevention, diagnosis and treatment to POD properly and promptly can promote the patient's overall recovery. However, health care providers still have many problems for POD to face in elderly with gastrointestinal cancers during the clinical care. In this paper, Etiology, damages, prevention, diagnosis and treatment of POD in elderly with gastrointestinal cancer were reviewed, and the prospect of POD was also discussed.

536-539 Comparison between Early Enteral Feeding with a Transnasal Tube and Parenteral Nutrition after Total Gastrectomy for Gastric Cancer
Nomura E, Lee SW, Kawai M, et al.
Although immunostimulation-like findings were observed in the patients with complications after surgery in the present study, the significance of EEF was not clarified because of the lack of cases whose conditions were severe. EEF should be used especially for patients in whom severe disease is possible and avoidance of TPN is desirable.

540-545 Junctional Adhesion Molecule-A Promotes Proliferation and Inhibits Apoptosis of Gastric Cancer
Ikeo K, Oshima T, Shan J, et al.
Junctional adhesion molecules (JAMs) are known as integral constituents of cellular tight junctions. However, the functions of JAMs in cancer tissues are controversial and the function of JAM-A in gastric cancer is unclear. Accordingly, we investigated the function of JAM-A in gastric epithelial and gastric cancer cell proliferation, invasion and apoptosis. JAM-A promotes proliferation and inhibits apoptosis of gastric cancer, suggesting that it has a pivotal role in gastric cancer progression.

546-550 Regulation of Neutrophil Infiltration into Peritoneal Cavity by Laparoscopic Gastrectomy
We suggest that the production of chemokines and neutrophil infiltration into the abdominal cavity may be suppressed in the laparoscopic surgery. Thus, laparoscopic surgery may be beneficial in preserving local immunity.

551-554 A New Option for Intracorporeal Circular-Stapled Esophagojejunostomy in Laparoscopic Total Gastrectomy: Roux-en-Y Reconstruction with its Effenter Loop Located at the Left Side of the Patient to Prevent Twisting of the Esophagojejunostomy
Takahara T, Nakata E, Tanjo T, et al.
Laparoscopic total gastrectomy (LTG) has not gained widespread acceptance because of the difficult reconstruction technique, especially for esophagojejunostomy. Although various modified procedures using a circular stapler for esophagojejunostomy have been reported, an optimal technique has not yet been established. In addition, in intracorporeal techniques, twisting of the esophagojejunostomy, which might be the cause of stenosis, is often encountered because application of the shaft is restrict-
ed. To prevent twisting of the esophagoejunostomy, we underwent LTG with Roux-en-Y reconstruction with its efferent loop located at the left side of the patient. This reconstruction system may be a feasible surgical procedure in LTG.