

Radical total gastrectomy plus D2 dissection for gastric cancer

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A 78-year-old male was presented in our hospital. His pre-operative CT and B-mode ultrasound showed no liver or lung metastasis. Enlarged lymph nodes (1-2 cm in diameter) were found around the stomach and near the common bile duct. These masses invaded the serous layer. However, no enlarged lymph node was detected after peritoneum or near abdominal aorta. Pre-operative chemotherapy was not feasible for such an elderly patient. Radical surgery was then scheduled. Due to the presence of non-tender swollen lymph nodes near the common bile duct, radical total gastrectomy plus D2 dissection was performed (*Video 1*). In addition to the routine dissection of groups 1, 2, 3, 4, 5, 6, 7, 8a, 9, 12a, 11p, and 11d, groups 12b, 12p, 8p, and 13 lymph nodes were also selectively dissected. Intrathecal decollement was employed to ensure the surgical completeness. The post-operative pathology showed that this was an ulcerative adenocarcinoma of the stomach. The mass sized 7 cm × 4.5 cm, invading the serous layer. Tumor thrombi were visible inside the vessels. No residual cancer was found at the upper and lower cutting edge. No obvious nerve invasion was observed. Metastases were detected in: group 1, LN0/4; group 2, LN0/3; group 3, LN5/10; group 4, LN4/9; group 5, LN2/5; group 6, LN0/5; group 7, LN0/4; group 8a, LN2/6; group 8p, LN1/3; group 9, LN0/3; group 10, LN0/4; group 11p, LN0/3; group 11d,



Video 1 Radical total gastrectomy plus D2 dissection for gastric cancer

LN0/2; group 12a, LN2/4; group 12b, LN1/4; group 12p, and LN1/3; group 13, LN0/3. No relapse was found during the 23 months of follow-up.

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