Gastric lymph node stations

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Due to the low incidence of gastric cancer in the United States, it is hard for residents to fully appreciate the complexity of the anatomy associated with peri-gastric lymph node stations (*Figure 1*). This video clip reviewed the relevant gastric blood supply (*Table 1, Figure 2*) and

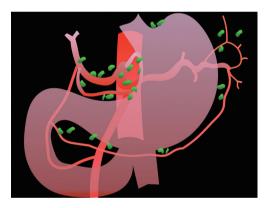
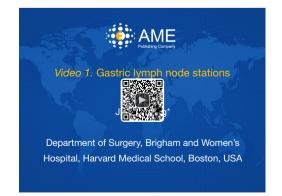
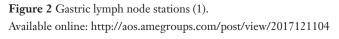


Figure 1 Stomach blood supply and lymph node stations.





the corresponding lymph node stations (*Figure 2*). The primary goal of this article is to provide residents an intuitive way to understand the peri-gastric lymph node network in order to facilitate the teaching of appropriate gastric cancer surgery.

Table 1 Major peri-gastric arteries

Celiac trunk: first major branch of abdominal aorta. Usually at the twelfth thoracic vertebrae body level

Left gastric artery (LGA): small branch of celiac trunk, ascending to distal esophagus and descending to anastomosis with right gastric artery

Common hepatic artery (CHA): a branch of celiac trunk, travels along the superior edge of pancreas toward the porta hepatis

Splenic artery (SA): a branch of celiac trunk, travels along the superior edge of pancreas toward the spleen

Gastroduodenal artery (GDA): a branch of common hepatic artery, travels posterior to the pylorus at the confluence between the head of the pancreas and duodenum

Right gastric artery (RGA): a branch of proper hepatic artery, descends to the pylorus and travels along the less curvature of stomach

Right gastroepiploic artery: a branch of GDA, travels from right to left along the greater curvature of stomach

Left gastroepiploic artery: the major branch of SA, travels from left to right along the greater curvature of stomach

Short gastric artery: the terminal branches of SA, travels toward gastric fundus

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Footnote

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