

■ 5-EN The investigation of the location of early gastric cancers that NEWS with sentinel node basin dissection could be performed for.

Speaker: Junya Aoyama, M.D., Department of Surgery, Keio University School of Medicine

Co-speaker:

Department of Surgery, Keio University School of Medicine: Hirofumi Kawakubo, Shuhei Mayanagi, Kazumasa Fukuda, Koichi Suda, Rieko Nakamura, Norihito Wada, Yuko Kitagawa
Cancer Center, Keio University School of Medicine: Osamu Goto, Naohisa Yahagi

Background

Gastric lymph nodes are divided into five basins with the main gastric arteries. Based on the sentinel node (SN) concept, function-preserving surgery with SN basin dissection (SNBD) could be performed if SNs were negative for metastasis. The aim of this study is to analyze the possibility of performing non-exposed endoscopic wall-inversion surgery (NEWS) with SNBD for early gastric cancers.

Methods

We have retrospectively analyzed patient characteristics, especially location of tumors and distribution of basins of the patients who underwent SN navigation surgery (SNNS) for gastric cancers in our institute from November 1999 to December 2016. We excluded the patients who had previously had endoscopic treatment, had multiple lesions, >pT2, >4cm in size, and had SNs positive for metastasis from this study.

Results

Totally 369 patients were extracted. 204 (55%) patients had SNs limited in a single basin. Breakdown of the basins were as follows: left gastric artery (LGA) basin; 138 cases, right gastric artery basin; 4 cases, left gastroepiploic artery basin; 6 cases, right gastroepiploic artery basin; 56 cases, posterior gastric artery basin; 0 cases. The basins were identified contralateral side of the tumors in 9 cases. The tumors in the upper third or the lesser curvature tend to have SNs limited in a single basin. On the other hands, the tumors in the anterior wall tend to have SNs in two or more basins.

Conclusion

Of the cases SNNS were indicated, 53% (195/369) had SNs limited in a single basin and could be resected with the primary lymphatic vessels. Without considering technical issue, these cases have the possibility of performing NEWS with SNBD.

■ 5-JP センチネルリンパ節の分布に基づく NEWS+SNBD を施行し得る早期胃癌の占居部位の検討

代表演者：青山純也先生（慶應義塾大学医学部一般・消化器外科）

共同演者：〔慶應義塾大学医学部一般・消化器外科〕川久保博文、眞柳修平、福田和正、須田康一、

中村理恵子、和田則仁、北川雄光

〔慶應義塾大学医学部腫瘍センター〕後藤修、矢作直久

【目的】胃のリンパ節は主要栄養動脈に沿って5つのリンパ流域（basin）に分けられる。早期胃癌に対するSN理論を応用して、SN転移陰性と診断された症例で、切除basinの範囲から縮小手術が検討され得る。今回、NEWS+SNBDを施行し得る症例について検討した。

【方法】1999年11月から2016年12月までに当院でSNNSを施行した胃癌患者のうち、内視鏡治療後の追加切除、複数病変、pT2以深、4cm以上、SN陽性例を除いた症例について、患者背景、特に腫瘍の占居部位とbasinの分布に関して後ろ向きに検討した。

【結果】症例数は369例。204例（55%）でSNが単一basinに局限していた。内訳は、左胃動脈basin 138例、右胃動脈basin 4例、左胃大網動脈basin 6例、右胃大網動脈basin 56例、後胃動脈basin 0例であった。このうち9例で、腫瘍とbasinが対側に存在した。U領域、小彎では単一basinに局限しやすく、前壁では複数basinに分布しやすい傾向であった。

【結論】SNNS適応症例のうち、SNが単一basinに局限し、一次リンパ管を切除できる症例は53%（195/369）であった。技術的な問題を考慮しなければ、これらの症例でNEWS+SNBDを施行し得る。