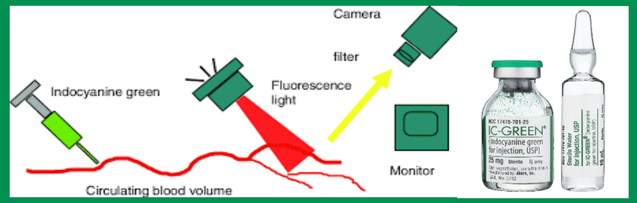
Hybrid LaparoEndoscopic approach with ICG sentinel node navigation for early gastric cancer.

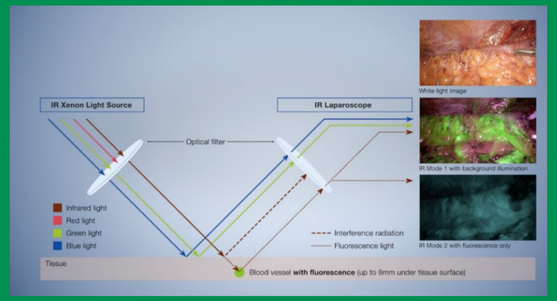
Presentor: Badakhova A.B., Co-authors: Dzhantukhanova S.V., Starkov Yu.G.
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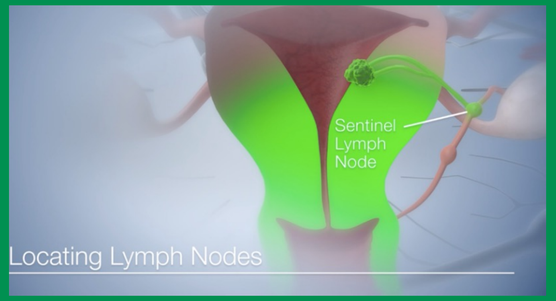
Objective: to demonstrate the first experience of Hybrid LaparoEndoscopic approach: ESD with laparoscopic ICG sentinel node navigation for early gastric cancer

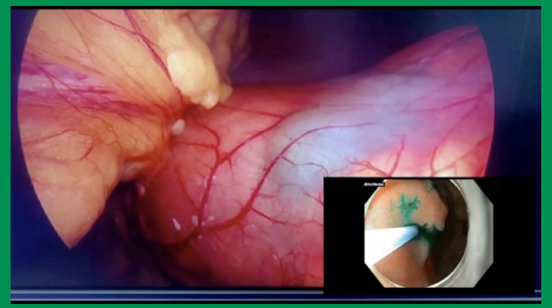


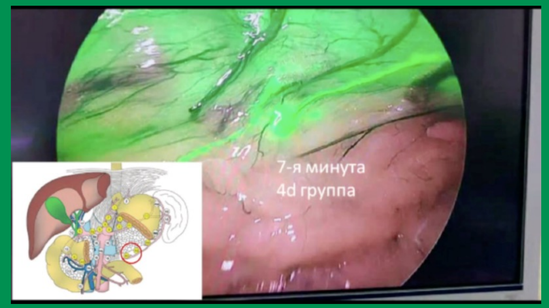
Materials and methods: a 66-year-old female patient was diagnosed with early gastric cancer - adenocarcinoma cTisN0M0. ESD with assessment of the sentinel lymph node by ICG-navigation was performed.
The saline solution was introduced into the submucosal layer for lifting, followed by the injection of the indocyanine green (ICG) dye in a volume of 2.0 ml. Next, the tumor was removed by the standard technique of endoscopic dissection in the submucosal layer (ESD). Regional lymph nodes were visualized using laparoscopic ICG navigation and then removed.

Results:
Patient was discharged on the 5th post-op day.
No intraoperative and postoperative complications were observed. Morphology: highly differentiated adenocarcinoma without involvement of the muscularis propria and submucosal layer pT1apN0 (0/10)cM0, no mts in the removed 10 lymph nodes

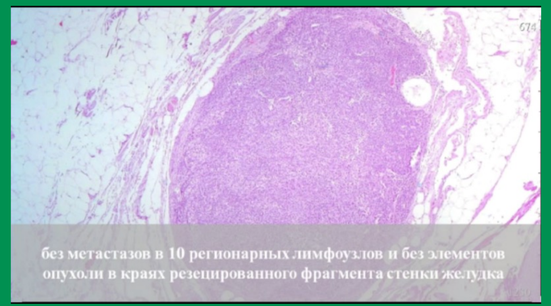












Discussion:
The frequency of metastatic lesions of sentinel lymph nodes increases as the depth of tumor invasion into the stomach wall increases, as does the size and degree of tumor differentiation.

Lymph node metastasis by tumor size and depth of submucosal penetration in tumors with differentiated histological type

	SM1	LNM	%	SM2	LNM	%
≦10mm	31	1	3.2	39	5	12.8
≦20mm	71	4	5.6	195	28	14.4
≦30mm	71	4	5.6	273	52	19.0
>31mm	92	6	6.5	319	86	27.0
Total	265	15	5.7	826	171	20.7

The 5-year cancer recurrence rate in the ESD group was 12.3%, which was significantly higher than in the surgical resection group of 2.1% (P = 0.001). Also, 5-year relapse-free survival was 85% in the ESD group and 97% in the surgical resection group (P = 0.001)

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Original article

Incidence of lymph node metastasis from early gastric cancer: estimation with a large number of cases at two large centers

Takuji Gotoda[1], Akio Yanagisawa[2], Mitsuru Sasako[3], Hiroyuki Ono[1], Yukihiro Nakanishi[4], Tadakazu Shimoda[5], and Yo Kato[2]

Conclusion:
ICG navigation of the sentinel nodes allows to assess the lymphatic status, thereby performing an organ-preserving operation in the absence of metastases in the sentinel lymph node, and in case of detection of metastases, expanding the operation in order to comply with the oncological principles of radical intervention.

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