# Combined Robotic Gastrectomy & Low Anterior Resection for Two Synchronous Primary Cancers

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## BACKGROUND

- Differences in exposures, genetics, healthcare access and screening lead to differences in oncologic prevalence and patient presentations. As expected, these cancers vary among ethnicity, genders and age.
- Globally, for gastrointestinal (GI) cancers, **colorectal cancer** is the third most frequent cancer diagnosis, while **gastric cancer** is fifth most frequent.
- With surveillance through **endoscopy and colonoscopy** and well-studied screening guidelines, it is increasingly possible to find synchronous and metachronous cancers within the GI tract. In fact, colorectal cancer has emerged as the **most common synchronous lesion** found in patients with gastric cancer.
- While detection of synchronous lesions has been increasingly notable, the most efficient **surgical treatment** of these synchronous lesions is less clear.

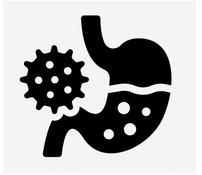
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## CASE REPORT

### Presentation

A 76 year old man was referred to our surgical oncologist for consultation after he underwent an **endoscopy for postprandial discomfort.**

Endoscopy found **2.7 cm gastric adenocarcinoma** at the antrum: tattooed at lesser curvature.



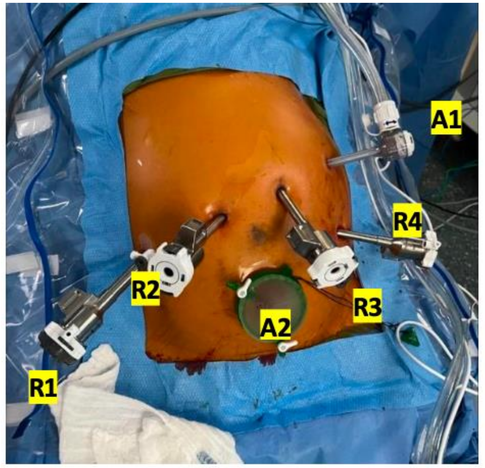


During oncologic staging, PET scan noted
focal **uptake in the right and left colon.**

Colonoscopy found **3.5cm fungating mass at the recto-sigmoid colon: rectal adenocarcinoma**.

### Operation

**Robotic Low Anterior Resection (LAR) & Simultaneous Distal Gastrectomy**




4 Robotic Ports (R); 2 Assistant Ports (A)

1. **Low Anterior Resection**
   1. **Steep Trendelenburg position**
   2. **Medial to Lateral Dissection**
   3. **End-to-Side Anastomosis with 25mm EEA stapler.**
   4. **Lower midline incision widened, small wound protector inserted before colon specimen removed. GelPort cap (A2) utilized to preserve insufflation**

***All gloves, gowns and instruments were changed to new sterile ones.***
***No additional ports were placed.***
***Boom rotated to face epigastrium.***

2. **Distal Gastrectomy**
   1. **Reverse Trendelenburg**
   2. **Tattoo found; No metastatic disease.**
   3. **Robotic mobilization of the stomach**
   4. **Duodenal transection distal to pylorus: 5cm proximal margin identified and transected**
   5. **D2 lymphadenectomy**
   6. **Antecolic, retrogastric stapled Billroth-II**
   7. **Specimen removed via the previous incision.**

## DISCUSSION

- Robotic surgery, with its enhanced visualization and ergonomics, affords a minimally invasive technique that permits a successful R0 **single-stage operation for two cancers.**
- Having **multidisciplinary** discussion among medical and surgical oncologic teams for preoperative planning and port placement are keys to successful surgical treatment of both cancers, allowing for **earlier adjuvant therapy.**

## References

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