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Letter to the Editor

Regarding to Short-term Results of Laparoscopic Near-total (95%) Gastrectomy☆

Acerca de los resultados a corto plazo de la gastrectomía casi total (95% gastrectomy)

Dear Editor,

We have read with interest the recent article by Sarriugarte et al.[1] on the short-term results of laparoscopic near-total gastrectomy analyzing 2 hospitals specialized in the treatment of gastric cancer. We would like to congratulate the authors for their review of these 67 patients in their study and for the conclusions they reach, with which we fully agree.

Following a conference by Dr. Azagra[2,3] a few years ago and after observing the complications associated with esophagojejunal anastomosis after laparoscopic total gastrectomy, we decided to follow his teachings and apply this technique for treatment in a series of our patients.

Our series includes 10 cases of laparoscopic near-total (95%) gastrectomy from the last 3 years with a predominance of gastric adenocarcinoma (7 cases), although the technique was also performed in 2 cases of gastric neuroendocrine tumor and in one case of giant gastric GIST affecting the lesser curvature of the gastric body.

Unlike the authors, and despite the fact that in 2 cases we performed manual anastomosis, in the remaining 8 we chose to perform the anastomosis with a 45 mm linear stapler (blue cartridge), closing the orifice with Stratafix 2/0 barbed suture in the same way that we perform the gastrojejunal anastomosis during gastric bypass, which has provided good results.

As described by the authors, the anastomotic fistula rate was 0%, with no observed proximal or distal margin involvement in any of the cases, and no recurrence at the anastomosis after a follow-up of 18.3 months. However, one patient (10%) died due to the progression of the disease in the form of peritoneal carcinomatosis 12 months later.

As for complications≥IIIA, we only had one case (10%) of pleural empyema that required percutaneous drainage and in which anastomotic dehiscence was excluded after several normal radiological and endoscopic studies.

Regarding the lymph node dissection performed, we agree with the authors that, despite leaving a small gastric stump of 1–2 cm, it is quite simple to perform lymphadenectomy of groups 1 and 2 without causing ischemia. We always try to identify the posterior gastric artery to preserve it for correct irrigation of the gastric stump, but this is sometimes not possible and the vascularization relies on the esophageal vessels, although we have observed no problems. It is also true that, as recommended by the authors, we try not to dissect the esophagus excessively in the mediastinum.

In short, we agree with Sarriugarte et al.[1] in that, at least in our short-term experience with a limited number of patients, laparoscopic near-total gastrectomy is an oncologically safe technique with a complication rate that is possibly lower than total gastrectomy.

Conflict of Interests

The authors have no conflict of interests to declare.

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