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## Three trocars laparoscopic right ileocelectomy for advanced small bowel neuroendocrine tumor

Giovanni Dapri<sup>a,b,\*</sup>, Nigel Antonio Bascombe<sup>a</sup>

<sup>a</sup> Department of Gastrointestinal Surgery, European School of Laparoscopic Surgery, Saint-Pierre University Hospital, Brussels, Belgium

<sup>b</sup> Laboratory of Anatomy, Faculty of Medicine and Pharmacy, University of Mons, Mons, Belgium

## ARTICLE INFO

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## ABSTRACT

**Background:** In the last decade Reduced Port Laparoscopy (RPL) has been introduced to reduce the risks related to the trocars and abdominal wall trauma, with enhanced cosmetic outcomes. The authors report a 59 year old man with a small bowel neuroendocrine tumor, submitted to three trocars right ileocelectomy.

**Video:** Preoperative work-up, including endoscopic ultrasound, octreo-PET-CT and FDG PET-CT, showed a 15 mm small bowel low grade well differentiated neuroendocrine tumor with mesenteric and transverse mesocolic extension, until the muscularis propria of the 3rd duodenum. The procedure was performed using three trocars: 12-mm in the umbilicus, 5-mm in the right and left flanks. After mobilization of the right colon, the 2nd and 3rd duodenal segments were exposed, showing tumor extension to the anterior duodenal wall. After encircling the anterior aspect of the duodenal wall with a piece of cotton tape, a linear stapler was inserted through the umbilical trocar under a 5-mm scope in the left flank, and it was fired. The specimen was removed through a suprapubic access. Frozen section biopsy showed free duodenal margin, hence the procedure was finished with handsewn intracorporeal ileocolic anastomosis.

**Results:** Operative time was 4 hours. No added trocars were necessary. Patient was discharged on 4th day. Pathology showed a grade I, well differentiated small bowel neuroendocrine tumor, with lymphovascular emboli and perinervous infiltration; 1/20 metastatic nodes, free margins; stage (8 UICC edition): pT3N1. At 12 months of follow-up the patient is free of disease.

**Conclusions:** RPL offers all MIS advantages, including reduced trocar complications and enhanced cosmetic outcomes.

## Disclosure statement

The authors have no conflicts of interest or financial ties to disclose regarding this video. (see [Figs. 1–3](#))



Fig. 1. Placement of the 3 abdominal trocars.

\* Corresponding author. Saint-Pierre University Hospital Department of Gastrointestinal Surgery, 322, Rue Haute, Brussels, Belgium.

E-mail address: [giovanni@dapri.net](mailto:giovanni@dapri.net) (G. Dapri).

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.suronc.2018.11.011>.

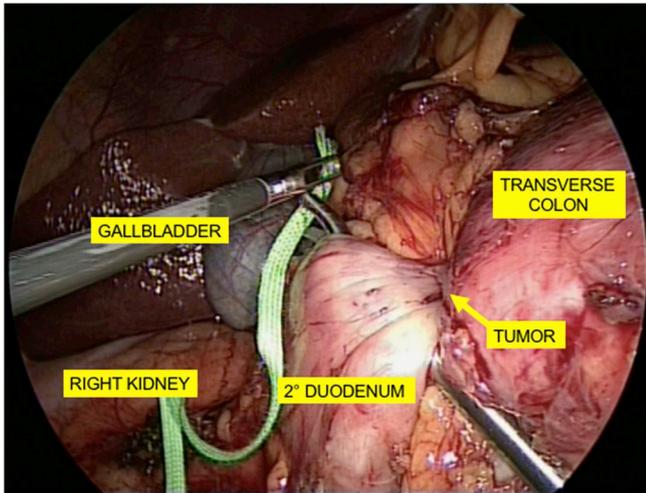


Fig. 2. Piece of cotton tape encircling the anterior duodenal wall.

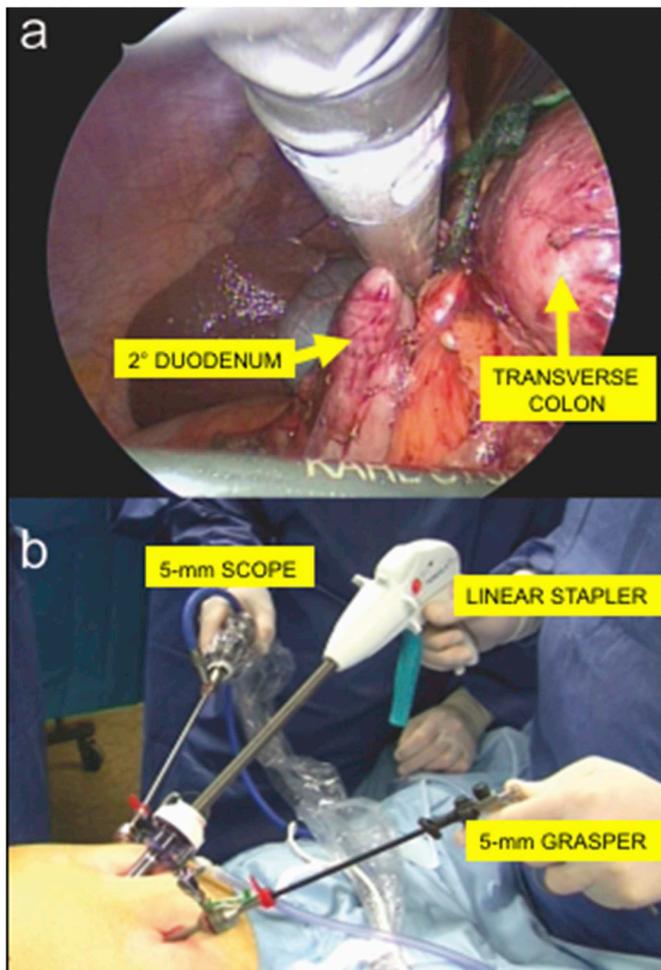


Fig. 3. a,b Linear stapler insertion at the umbilical port under vision with the 5-mm scope (a) and subsequent duodenal section (b).