

Laparoscopic Excision Of Isolated Para-aortic Lymph Node Recurrence In Patient Of Hilar Cholangiocarcinoma

Woo Hyun LEE¹, In Seok CHOI^{*1}, Ju Ik MOON¹, Seung Jae LEE¹

¹Surgery, Konyang University Hospital, Konyang University College Of Medicine, REPUBLIC OF KOREA

Background : There are some studies on cases of isolated para-aortic lymph node (PALN) recurrence in colorectal, gastric, and cervical cancer after surgery, however rare in hilar cholangiocarcinoma (HCCA). This case reports laparoscopic excision of isolated PALN recurrence found during follow-up after open major surgery for HCCA.

Methods : A 66 years-old-women underwent left hemihepatectomy, caudate lobectomy, and bile duct resection with hepaticojejunostomy for HCCA. The pathology revealed adenocarcinoma and pathologic stage was pT1aN1. Isolated PALN recurrence was detected on CT and PET-CT, 9 months after surgery. The lymph node was 10mm in size and had increased FDG uptake. The patient underwent laparoscopic excision of PALN. Four ports were inserted in the right lateral decubitus position. The lymph node was located to anterior side of left renal artery and inferior side of left renal vein. Descending colon was dissected from lateral to medial along Gerota's fascia and enlarged lymph node was exposed. Then the lymph node was resected carefully avoiding vessel injury.

Results : The operation time was 145 minutes and estimated blood loss was 20ml. The patient was discharged at postoperative day 2 without immediate postoperative complications. The final pathology was revealed as metastatic adenocarcinoma.

Conclusions : It is safe and feasible to perform minimal invasive surgery using laparoscope for isolated PALN recurrence after open major surgery. Further studies are needed to determine whether surgical resection of isolated PALN recurrence in HCCA has any benefit in improving survival.

Corresponding Author : In Seok CHOI (choiins@kyuh.ac.kr)