

English Abstract Session

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[E3] English Abstract Session 3 Colorectal Surgery 2

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[E3-1] Intraoperative Peritumoral Indocyanine Green Injection During Laparoscopic Left Hemicolectomy

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Introduction

Accurate lymph node assessment is critical in colon cancer surgery, influencing staging and treatment. Traditional lymphadenectomy relies on anatomical landmarks. Indocyanine green (ICG) fluorescence imaging allows real-time lymphatic visualization and may enhance surgical precision. We present a case using intraoperative peritumoral ICG injection during laparoscopic left hemicolectomy for descending colon adenocarcinoma.

Case Presentation

A 66 year old male presented with anemic symptoms. Colonoscopy demonstrated a mass at descending colon. Biopsies confirmed moderately differentiated adenocarcinoma.

Preoperative computed tomography (CT) showed no distant metastases.

He underwent laparoscopic left hemicolectomy. At the beginning of the procedure, after pneumoperitoneum establishment and laparoscopic exploration, 2 mL of diluted ICG solution was injected subserosally around the tumor using a 25 gauge needle under laparoscopic vision. Following mobilization of the colon, near-infrared (NIR) fluorescence imaging was employed. The lymphatic channels draining from the tumor site were clearly visualized, and fluorescence-guided lymphadenectomy was performed along the inferior mesenteric vessels and corresponding mesocolon.

The operative time was 210 minutes with 150 mL blood loss. No intraoperative complications occurred. Postoperative recovery was uneventful, and the patient was discharged on postoperative day 4. Final pathology revealed pT3N0M0 cancer with 22 negative lymph nodes.

Conclusion

Intraoperative peritumoral ICG injection is a feasible, safe technique to enhance lymphatic mapping in colorectal surgery. It may improve lymph node harvest and surgical precision without significantly prolonging operative time.