

EXTENDED RIGHT VERSUS LEFT HEMICOLECTOMY FOR SPLENIC FLEXURE COLON CANCER: PERIOPERATIVE, PATHOLOGICAL AND ONCOLOGICAL OUTCOMES

S. Khan¹, **M. Imran**¹, T. Ayaz¹, A. Mehmood¹, M. F. Shah¹, I. U. I. Nasir¹

¹Department of Surgical Oncology, Shaukat Khanum Memorial Cancer Hospital and Research Centre, Lahore and Peshawar, Pakistan

BACKGROUND & AIM

- Splenic flexure tumours are 2–8% of colon cancers; the best resection is debated.
- Dual middle/left colic drainage justifies ERH, but most drains left.
- Meta-analyses: ERH gives ~3.5 more nodes but no survival benefit.
- No Pakistani data exist. Aim: compare ERH with LH.

METHODS

- Retrospective two-centre cohort, SKMCH&RC Lahore and Peshawar
- Adults with splenic flexure adenocarcinoma; curative ERH or LH
- Excluded: palliative, synchronous or recurrent cancer
- Outcomes: nodes, Clavien–Dindo complications, survival
- t / Mann–Whitney, χ^2 / Fisher, Kaplan–Meier, log-rank

RESULTS

- 52 patients: 27 ERH, 25 LH
- ECOG ≥ 1 far more common after ERH (56% vs 12%)
- ERH: 48 min longer, 26 cm more bowel, 8 more nodes
- All LH specimens met the 12-node standard

TABLE 1. BASELINE

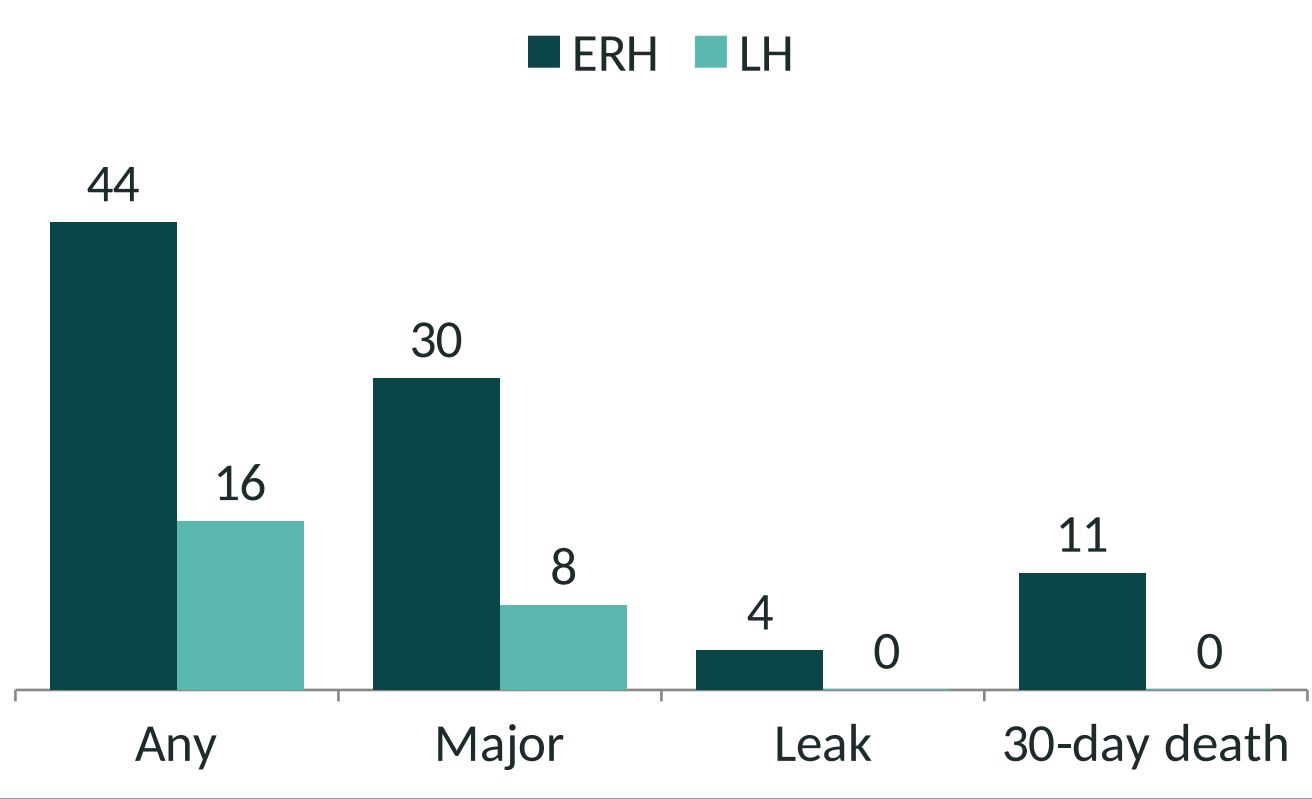
	ERH	LH	p
Age, years (mean)	47.9	43.2	0.214
Female	29.6%	20.0%	0.528
Any comorbidity	48.1%	28.0%	0.163
ECOG ≥ 1	55.6%	12.0%	0.001

TABLE 2. SURGERY & PATHOLOGY

	ERH	LH	p
Operative time, min*	288	240	0.002
Laparoscopic completion	77.8%	92.0%	0.252
Conversion to open	18.5%	8.0%	0.422
Bowel resected, cm*	46.0	20.0	<0.001
Nodes retrieved*	30	22	0.013
≥ 12 nodes	88.9%	100%	0.236
Node-positive	51.9%	24.0%	0.050

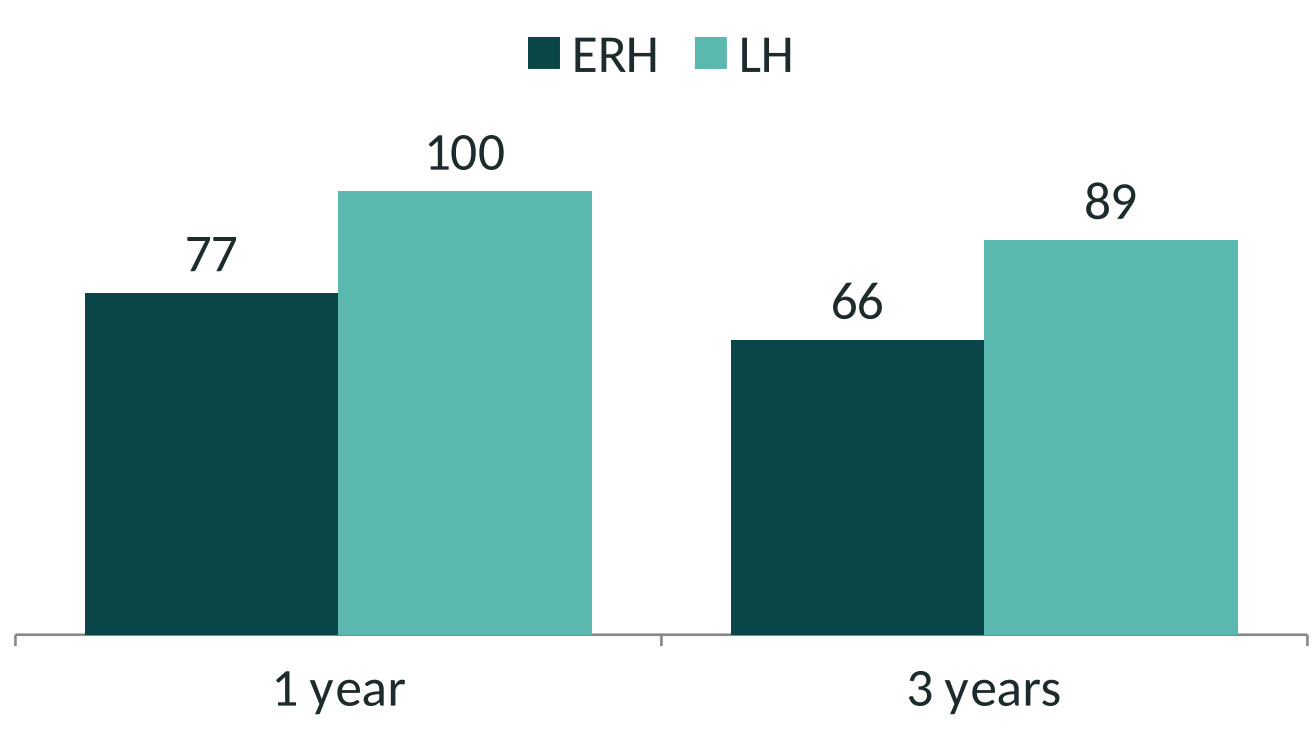
* median. ERH, extended right; LH, left hemicolectomy.

FIG 1. COMPLICATIONS (%)



Any $p = 0.037$ · major (CD $\geq III$) $p = 0.078$ · death $p = 0.236$

FIG 2. OVERALL SURVIVAL (%)



Log-rank $p = 0.033$, unadjusted · 9 deaths (8 ERH) · median follow-up 26 months

CONCLUSION

- LH gave adequate nodal clearance with a shorter operation.
- Worse ERH outcomes reflect poorer fitness and more nodal disease.
- Choose the operation by tumour site and vascular anatomy.

LIMITATIONS

Retrospective, small, non-randomised.

REFERENCES

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2. Lennon D, et al. Eur J Surg Oncol 2023;49:107087
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