Letter: response to article “Is there disadvantage to radical lymph node dissection in colon cancer?”

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Dear Editor:
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Sir,
We read with interest the article by Weber et al. [1] with update on results of complete mesocolic excision (CME) 1. While this study, unlike most studies, does not state 5-year overall and disease-free survival, 5-year cancer related survival (probably higher than overall survival) in stage 3 is quite remarkable. It seems complete mesocolic excision leads to improved cancer-related survival without any effect on distant metastasis, i.e., improved local control. In this study, chemotherapy seems to have little impact on survival in stage 3 cancers; does this imply good surgery eliminates the need for chemotherapy?

Another thing which seems surprising is that despite radical resections, there were no chyle leaks. In Korea at severance hospital, after D3 resections for right colon, incidence of chyle leaks was 3 % after laparoscopic reactions and 12 % after open reactions (unpublished). Similar high rates of chyle leaks have been reported by Sun et al. [2] 13.3 % after right resections vs. 4.4 % left colon resections. We would be interested about techniques to avoid this complication.

Another concern would be the incidence of superior mesenteric vein injury, which can turn fatal in inexperienced

hands. Like Erlangen, CME is already established in Korea and Japan. However, in the west, unless there is grade 1 evidence from randomised controlled trials regarding complete mesocolic excision, justifying serious complications of radical resection may be labelled adventurous and indefensible.

Many thanks

Yours sincerely,

Dr Sung Uk Bae
Mr A Saklani

References

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