

# The transverse colon reconsider with respect to complete mesocolic excision and the greater omentum

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Dear Editor:

We read with interest the manuscript recently published by Stelzner et al. Entitled ‘Anatomy of the transverse colon revisited with respect to complete mesocolic excision and possible pathways of aberrant lymphatic tumor spread’ [1]. The authors well presented a macroscopic dissection study in human cadaveric donor to search for possible vascular connection between derivatives of the fore-, mid-, and hindgut in order to provide a morphologic basis for cancer spread outside the main drainage routes. The greater omentum and the colon/mesocolon were released from the parietal fascia along areolar tissue planes as possible. Findings obtained from the dissection studies were verified during surgical operation performed for transverse colon cancer or cancer at either the hepatic or the splenic flexura. It was discovered that in the region of both the hepatic and splenic flexures, small blood vessels connect the greater omentum with the bowel wall. The transverse colon is in close topographical contact to foregut structures, e.g., the greater omentum including the gastrocolic ligament, and the pancreas. Authors found small vessels in the region of

both the hepatic and splenic flexures that were crossed between these fore- and midgut derivatives. These vascular connections could serve as a track for blood vessels and lymphatic tumor spreading to lymph nodes within the greater omentum and along the gastroepiploic vessels. Perrakis et al. gave clinical proof of this hypothesis in a recent series of 45 patient with carcinoma of the transverse colon or the colonic flexures. They encountered lymph node metastases in four (9 %) of the patients with the gastroepiploic arcade [2]. Complete mesocolic excision (CME) is nowadays state-of-the-art in the treatment of colon cancer; in last 4 years, we performed operations on 24 patients with carcinoma of the transverse colon or the flexures. We encountered lymph node metastases in three of the patient with the infrapyloric and gastroepiploic arcade. In conclusion, we have agreed with Stelzner et al.’s opinion that small blood and lymphatic vessels between the transverse colon/mesocolon and the greater omentum could be identified as possible routes of additional lymphatic tumor spread, emphasizing complete removal of the omental and mesocolic tissues.

## References

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