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Regional lymph node metastasis from port site implants after laparoscopic surgery

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Abstract

Although overall incidence of laparoscopic port site implants is decreasing, it remains problematic in patients with occult intraabdominal malignancy. Port-site metastases may themselves become the source of new metastases. A 42-year-old man underwent a laparoscopic cholecystectomy for cholelithiasis. One month later, he was diagnosed with a right colon cancer, for

which a right colectomy was performed. Eleven months later, a CT scan showed nodules in the umbilicus (one of the original laparoscopic port sites) and behind the right rectus abdominis muscle, adjacent to the deep epigastric vessels. These sites were resected, and histopathology confirmed metastatic adenocarcinoma. The right deep epigastric nodule was reported to be lymph node-positive for metastatic adenocarcinoma. It is probable that dissemination of cancer cells to this lymph node occurred from the port site implants. Presence of metastasis in the lymph nodes draining the abdominal wall should be examined in all patients with port site implants.

Key words: Colon cancer — Laparoscopy — Port site implant — Lymph node metastasis

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