

Clinical Image

Port Site Metastasis Following Laparoscopic Right Hemicolectomy

Bavikatte AP*

Department of Gastrointestinal and Multivisceral Transplant Surgery, Amrita Institute of Medical Sciences and Research Centre, Ponnekkara, Kochi, India

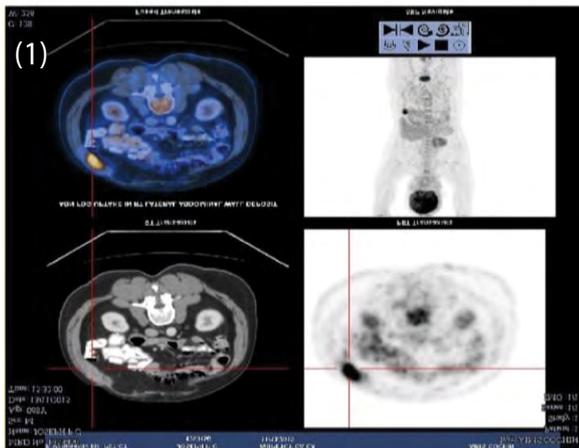


Figure 1: PET scan showing abdominal wall metastasis.

Figure 2: Cutaneous metastasis with skin puckering.

Figure 3: Intraoperative view of metastasis.

Figure 4: Excised specimen.

*Corresponding author: Akshay P Bavikatte, Amrita Institute of Medical Sciences and Research Centre, Ponnekkara, Kochi-572101, India, Tel: 0484 285 1234; E-mail: akshaysge@gmail.com

Citation: Bavikatte AP (2017) Port Site Metastasis Following Laparoscopic Right Hemicolectomy. *Int J Clin Med Imaging* 4: 579. doi:10.4172/2376-0249.1000579

Copyright: © 2017 Bavikatte AP. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Purpose: The Incidence of port site metastasis in a laparoscopic colorectal cancer surgery is rare. We present a case of abdominal wall metastasis at the site of specimen retrieval after a follow up of 18 months after laparoscopic right hemicolectomy for carcinoma caecum; The images of port site metastasis has been attached in the article

Method: The details of the patient was analysed retrospectively through the old surgical notes and electronic medical database at Amrita Institute of Medical Sciences, Kochi, Kerala, India.

Keywords: Laparoscopic colorectal surgery; Port site metastasis

Case Presentation

A 67 year old patient underwent laparoscopic right hemicolectomy for carcinoma caecum in the month of January 2014; he had a good postoperative recovery. Histopathology showed well- differentiated carcinoma caecum T3N1M0 and patient received 4 cycles of adjuvant chemotherapy and was on regular follow up. In 2015 October, in view of elevation of CEA from 2.3 to 9, PET scan was done that showed evidence of abdominal wall metastasis (Figure 1) with incisional hernia at specimen extraction site with no other evidence of recurrence. The patient underwent excision of abdominal wall metastasis along with incisional hernia repair. On follow up, patient is doing well with CEA below (Figures 2-4).

Conclusion

Port site metastasis in laparoscopic colorectal surgery is still a possibility; hence appropriate measure needs to be taken to prevent contact of tumour to the skin during its extraction.