

Second - Level Surgical Treatment of Splenic Angle Colon Cancer

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Abstract: Colon cancer, the fourth most common cancer in Mexico, presents important health problems. This article discusses the case of a 40 - year - old male patient with altered bowel habits and hematochezia, who was diagnosed with a left colon tumor near the splenic flexure through colonoscopy. After diagnosis, the patient underwent left colectomy and splenectomy. Pathological analysis revealed a moderately differentiated adenocarcinoma of the colon. This case highlights the surgical approach and treatment strategies for splenic flexure colon cancer.

Keywords: Colon cancer, splenic flexure, colectomy, splenectomy, adenocarcinoma

1. Justification

The purpose of this article is to present a detailed approach and management strategy for a case of colon tumor located in the splenic flexure, emphasizing surgical techniques and results.

2. Introduction

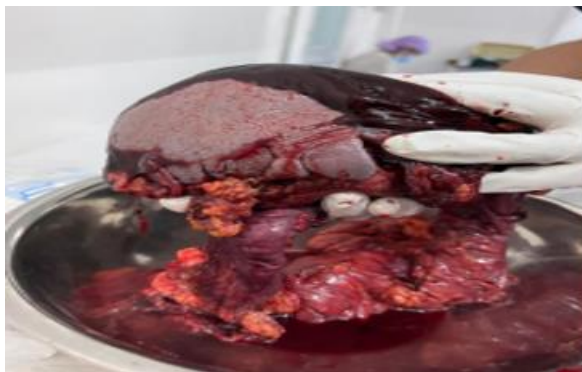
Colonic tumors of the splenic flexure represent less than 10% of colorectal tumors and are associated with a worse oncological prognosis due to their frequent presentation as an emergency or advanced stage. The three most widely accepted therapeutic options for the treatment of these tumors include extended right colectomy, left hemicolectomy, and high left segmental colectomy.

3. Case Presentation

A 40 - year - old patient presented with changes in defecatory habits and hematochezia for 1 year. The physical examination revealed a non - mobile mass located in the left hypochondrium measuring 8 x 6 centimeters. A contrast - enhanced CT scan of the abdomen and pelvis revealed colonic stenosis at the splenic flexure. Colonoscopy confirmed a stenosis of about 60 lumens at this location, and biopsies showed moderately differentiated adenocarcinoma without distant spread.

4. Diagnostic Protocol

A surgical approach was chosen, identifying a 10 cm tumor in the splenic flexure infiltrating the spleen, which led to the decision to perform a left hemicolectomy with splenectomy and a definitive transverse colon stoma.



5. Discussion

Two primary surgical procedures proposed for curative treatment are extended right colectomy and left colectomy. This last procedure can refer to left hemicolectomy or left segmental colectomy. A retrospective study was carried out comparing the three techniques in which no differences were observed in overall survival or disease - free survival. Based on better functional results.

6. Conclusion

Segmental resection of a colon neoplasm in the splenic flexure is a viable and safe option, with no significant differences in morbidity, recurrence, resected nodes, and survival compared to other surgical methods. This case highlights the importance of personalized surgical approaches based on clinical presentation and intraoperative findings.

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