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Port-site metastases in the laparoscopic surgery for colorectal cancer - still a real concern? Case report and review of the literature

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Background: The recently published long-term oncological results of the large multicentric randomized prospective trials, such as COST, COLOR, and UK MRC CLASICC, have diminished once more the initial skepticism from the mid '90s, regarding the safety of laparoscopic approach for colorectal cancer surgery. The actual incidence of port-site metastases (PMSs) in the laparoscopic surgery for colorectal cancer is just arround 1 %, being statistically simmilar to the wound metastases after open colorectal surgery. We followed up a series of 122 laparoscopic-assisted resections for colorectal adenocarcinoma, 49 for rectal cancer and 73 for colon cancer. The operations were performed at the Center of Digestive Diseases and Liver Transplantation, Fundeni Clinical Institute, Bucharest, Romania, between 1st January 2002 and 31st december 2008. There was only one case of PMS (0.81%).
Case-Report: A 83-year old man developed a recurrent parietal tumor on the site of extraction minilaparotomy, 4 months after laparoscopic-assisted right hemicolectomy for a Dukes C, poorly differentiated (G3) adenocarcinoma of the cecum.
Discussions: We have reviewed the scientific relevant literature regarding the incidence and multi-factor etiology of PMSs in the laparoscopic surgery for colorectal cancer as well as the methods suggested for prevention of parietal tumour dissemination to the trocar or wound sites.
Conclusion: PMSs consecutive to laparoscopic surgery for colorectal cancer are no longer a big concern enough to contraindicate this beneficial surgery for oncological reasons. However, PMSs continue to represent a reality which must be taken into consideration by any laparoscopic surgeon. There are different prevention measures that should be applied for reducing the occurence of this possible complication.
Key words: port-site metastases, colorectal cancer

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