

EDITORIAL

A knack is needed to perform a function-preserving gastrectomy

The pylorus-preserving gastrectomy is an operative method that uses the concept of a function-preserving gastrectomy. While this surgical technique is reported to have advantages, such as prevention of dumping syndrome and prevention of weight loss, postoperative functional disorders, such as food stasis, still occur at a constant rate. Implementing a function-preserving gastrectomy requires a knack, and this method is preferred by those who get the knack, but is shunned by those who do not.

The small-remnant gastrectomy (SRDG), previously indicated for proximal gastric cancer, was first reported by Jiang et al¹ as a function-preserving gastrectomy. The SRDG is clearly more nutritionally superior to total gastrectomy,² and equivalent to proximal gastrectomy.³ In this issue, the report by Nunobe et al⁴ indicates that SRDG is associated with better postgastrectomy symptoms and daily lives than total gastrectomy using the Post-gastrectomy Syndrome Assessment Scale-45.

On the other hand, like a pylorus-preserving gastrectomy, some knacks are needed to perform an SRDG. There have been doubts about the lack of dissection of the No. 2 and No. 4Sb lymph node stations, as well as insufficient resection of the gastric stump during SRDG. Accordingly, Kano et al reported that SRDG is an oncologically acceptable procedure for cT1N0M0 gastric cancer in the upper gastric body⁵ because of the reduced incidence of metastases to those lymph nodes. Kamiya et al also demonstrated that SRDG has some technical issues with respect to achieving a safe resection margin. Instead of endoscopic marking using clips, they developed endoscopic marking with cautery to resolve this issue.⁶

SRDG is a technique that leaves a small stomach the size of a dumpling, but despite this small stomach, postoperative appetite often remains remarkably unchanged. What supports this dietary intake after SRDG? Since the cells that secrete ghrelin are distributed in the upper part of the remaining stomach after SRDG, the small remnant stomach might support this appetite. Further scientific verification of functional preservation in SRDG awaits the results of future research.

DISCLOSURE

Conflict of Interest: The author declares no conflicts of interest for this article.

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