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Comment on: Prognosis of patients with colonic carcinoma before, during and after implementation of complete mesocolic excision

The interesting article by Merkel *et al.*¹ confirms our recent histological observations on the lymphatic network of the colonic mesentery and great omentum. We have observed that their lymphatic apparatus consists of a rich and complex network of capillaries, largely interconnecting, running along neurovascular bundles and directly inflowing in lymph nodes. They are provided with endothelium and basal membrane, but lack of valves. This agrees with an enhanced function of absorption and permeability, extended also to neoplastic cells. Lymph flow is promoted by functional mechanisms, so obviating to the absence of anatomically distinct 'lymphangions'. It can be subjected to unexpected variations secondary to pathological conditions, such as mesenteric inflammation, venous congestion, abdominal hypertension, etc.

Contrariwise, more complex lymphatic structures, characterized by musculo-connectival wall and valves, are present in the corresponding retroperitoneum, with a clear attitude to lymph transport.

Consequently, the lymphatic drainage of each colonic segment is structured not only on the lymph node stations, but also on its capillary network. For that reason, each colectomy should be associated with a complete mesocolic excision, therefore including all possible ways of lymph drainage¹.

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- 1 Merkel S, Weber K, Matzel KE, Agaimy A, Göhl J, Hohenberger W. Prognosis of patients with colonic carcinoma before, during and after implementation of complete mesocolic excision. *Br J Surg* 2016; **103**: 1220–1229.