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## A Novel Stratification of Mesenteric Mass Involvement as a Predictor of Challenging Mesenteric Lymph Node Dissection by Minimally Invasive Approach for Ileal Neuroendocrine Tumors

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**BACKGROUND:** We classified the extent of mesenteric mass (MM) involvement that predicts challenging mesenteric lymph node dissection (mLND) by minimally invasive surgery (MIS) for ileal neuroendocrine tumors (i-NETs).

**METHODS:** Patients who underwent surgery for i-NETs were retrospectively reviewed. MM involvement was classified as Region-0: no MM; Region-1: > 2 cm from the origins of the ileocolic artery/vein; Region-2: ≤ 2 cm from the origins; and Region-3: more proximal superior mesenteric artery/vein. Logistic regression analysis was used to evaluate the predictive value of MM regions for gross positive mesenteric margin (mR2) and/or conversion among MIS cohort. Open surgery cohort was used as a reference for mR2 rates.

**RESULTS:** Of 108 patients, 83 patients (77%) underwent MIS. MMs at Region-2 and Region-3 were independent risk factors for mR2 and/or conversion [odds ratio (95% confidence interval): 4.25 (1.17-16.4) and 8.51x107 (11.0-), respectively, against Regions-0/1]. mR2 rates of MIS and open surgery cohorts per region did not differ significantly (4% and 7% for Regions-0/1, 17% and 25% for Region-2, and 100% and 83% for Region-3).

**CONCLUSION:** The novel stratification of MM regions was predictive of challenging mLND by MIS. Surgeons should have a low threshold for conversion for MMs at proximal regions.

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