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Surgical Treatment in Stenosing Rectal Cancer

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Abstract

Introduction: Rectal cancer represents an important health issue, which involves multidisciplinary treatment, posing a major surgical challenge, both in terms of diagnosis and treatment.

Material and Method: Between 2009-2013, we analysed 83 patients with stenosing rectal cancer operated on at the Clinic of General Surgery II of Colentina Clinical Hospital and at the Clinic of General Surgery I of "Prof. Dr. Al. Trestioreanu" Oncology Institute, in Bucharest. Gender distribution was: 51 males and 32 females. Average age was 65 years old. The most frequently encountered symptoms were colicky abdominal pain and rectorrhagia. 25 patients presented intestinal occlusion phenomena at admission, the other 58 cases being in subocclusive stage.

Results: In occlusive stages: 17 patients presented with resectable tumour, while 8 patients had locally advanced neoplastic forms ("frozen pelvis"), left iliac colostomy with tumour biopsy being the chosen approach. In subocclusive stages: 5 cases had unresectable tumours for which left iliac anus with tumour biopsy was performed; 53 cases presented with resectable tumour, for which the Hartmann procedure (12 patients) and left iliac colostomy with tumour biopsy (41 patients) were performed. Depending on the histopathological result, patients were submitted to radio- and chemotherapy. Tumour resection was possible in 70 cases (84.33%), only 34 of these (40.96%) being with radical intent.

Conclusions: Treatment for stenosing rectal cancer is multimodal, represented by surgical approach, radio- and chemotherapy. The rationality behind surgery as a first therapeutic gesture in the given study group was represented by the need to treat occlusive type complications, patients benefitting subsequently from radio- and chemotherapy. The opportunity of a second surgical intervention, with the objective to remove the tumour, was established based on the therapeutic response to radio- and chemotherapy.

Key words: rectal cancer, stenosis, occlusion

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