

Total resection of the rectum with coloanal anastomosis in the treatment of tumors of the lower third of the rectum in elderly patients

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The incidence of colorectal cancer increases rapidly around 50 years of age, and doubles for each decade of life thereafter. In patients aged over 65, this cancer are second only to prostate cancer in terms of frequency. Traditional surgery for tumors situated in the lower third of the rectum has always been functionally devastating due to its association with a permanent colostomy. However, this situation may now be avoided thanks to the use of new surgical techniques such as total rectal resection (TRR) with coloanal anastomosis (CAA), which produces excellent results and reports limited mortality and morbidity even in elderly patients.

Between July 1991 and December 2004, the Colorectal Operating Unit of the National Cancer Institute of Milan performed 160 TRRs with CAA on elderly patients with primary or recurrent adenocarcinoma of the rectum. The group was comprised of 85 males and 75 females aged between 70 and 86 years (mean age 75.4). Of the 152 patients with primary tumors, 28 were Dukes stage A, 42 stage B and 82 stage C. All the neoplasms were situated in the lower third of the rectum at a distance from the anal margin ranging from 4 to 8 cm. The 152 patients in our series all underwent the same pre- and post-operative sta-

ging, the same type of procedure and the same pathological assessment. The mean follow-up was 42 months.

Six patients (9.1%) presented with an extra-parietal pelvic recurrence 12 months after the TRR with CAA; of these, four were classified as Dukes C and were characterized by extensively infiltrating lesions with lymph node metastases, while the remaining two were Dukes stage B with neoplastic emboli and infiltration of the lymphatics. The colostomy was closed in 130 patients. Following CAA the colostomy was required for periods from 46 to 165 days. One 71-year-old patient died 18 days after surgery due to liver failure with no evidence of post-operative complications. Evidence was found of 17 small, clinically asymptomatic fistulae in the fundus of the reservoir. The patients remained in the hospital post-operatively for 7-32 days, with a mean of 12 days. So far the results reported in the literature, and our own personal experience, indicate that conservative surgery is a viable option for treating tumors of the lower third of the rectum even in elderly patients, and in particular that TRR with CAA represents a valid treatment alternative to abdominopelvic amputation according to Miles.