Colorectal and anal cancer

029095

Advanced sigmoid adenocarcinoma: a case report

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Introduction: Advanced colorectal cancer is characterized by adherence or tumor invasion of neighboring organs and structures and may or may not be accompanied by distant metastases.

Objectives: To determine the current benefits of surgery with complete removal of the primary tumor, organs and locally committed structures as well as any identified metastases, observing the technical cancer precepts in patients in stage IV.

Methods: The information was obtained by chart review of a 59-year-old female patient, as well as patient interview, pictures of diagnostic methods undergone by the patient, and literature review.

Results: The patient was submitted to retrosigmoidectomy in oncology, as well as retroperitoneal lymphadenectomy, extended hysterectomy, partial cystectomy, liver lumpectomy and aortobiiliac with prosthesis.

Conclusions: The patient in stage IV – who underwent surgery according to oncological principles with resection of the distance lesions – is asymptomatic and is attending outpatient follow-up.

029156

Alternative surgical technique to total pelvic exenteration for the treatment of local advanced rectal cancer: a case report

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Introduction: Colorectal cancer is the third most common type of cancer worldwide and is a leading cause of cancer death. Screening programs have been largely adopted, leading to an improvement in the prognosis of this pathology. Using TMN staging and surveillance, 25% of patients present with stage IV disease. Careful surgical planning is essential, and there are significant factors in determining the optimal surgical approach, such as the stage of the disease and the presence of synchronous colonic tumors. The goal of primary surgical treatment is to eradicate the disease in the colon, and to drain nodal basins and contiguous organs. Resection of colorectal cancer that has invaded adjacent structures involves en-bloc resection, and a patient who has a margin-negative multivisceral resection has the same chances of survival as a patient with no adjacent organ involvement on a stage-matched basis.

Objectives: To show an alternative surgical technique to total pelvic exenteration as radical treatment for a local advanced obstructive rectal cancer by performing anterior rectal resection, partial cystectomy and urinary reconstruction with ileal patch.

Methods: This case is based on a 72-year-old male patient, PS 1, diagnosed with synchronous rectal and sigmoid adenocarcinoma associated with invasion of the entire posterior bladder wall and enlarged retroperitoneal lymph nodes; he was operated with intestinal subocclusion.

Results: The surgical treatment performed was an en-bloc anterior rectal resection, partial cystectomy (whole posterior bladder wall including the bladder trigone), retroperitoneal lymphadenectomy and terminal colostomy. The urinary reconstruction was made with vascularized W ileal patch forming the neobladder posterior wall and ureteral reimplantation in the tubular ileal segment. The procedure time was 12 hours, and there were no major postoperative complications. The length of hospital stay was 30 days.

Conclusions: The surgical procedure was successfully performed, with R0 surgery creating an embodiment orthotopic ileal neobladder that preserves the common urinary tract, precluding the need for external permanent urinary diversion.

029088

Analysis of surgical treatment of rectal cancer: epidemiology and results in the long term

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Introduction: In Brazil, rectal cancer is the second most common cause of cancer of the gastrointestinal tract and is among the leading causes of cancer death.

Objectives: To evaluate the epidemiological aspects and long-term results of surgical treatment of rectal cancer.

Methods: This was a retrospective observational study which involved 135 patients and was performed between 2007 and 2014 at the Dr Luiz Antonio hospital, a referral center for cancer in Rio Grande do Norte. Included were patients aged >18 years who had a histological diagnosis of rectal adenocarcinoma, and had undergone radical surgical treatment with chemotherapy and/or radiotherapy; other types of cancer were excluded. Data were collected through review of medical records.

Results: We observed that the average age of the patients was 67.1 years (±15.87); 50.3% were male and 49.7% female. Of these, 124 patients had data regarding neoadjuvant treatment while 56.4% did not; 3.2% underwent chemotherapy, 3.2% underwent radiotherapy, and 37.2% underwent chemotherapy associated with radiotherapy. Regarding the surgical procedures, 63.7% underwent abdominal rectosigmoidectomy, 21.7% perineal amputation of the rectum, 6.4% local resection, and 8.06% palliative procedures. Of adjuvant treatment, 32.25% did not undergo any, 41.12% underwent chemotherapy, 7.25% radiotherapy, and 19.35% chemotherapy combined with radiotherapy. Of the total of 135 patients, 25.18% had recurrence, and 74.81% had no cancer recurrence. From the 124 patients observed, 34.67% died; of these 74.41% died from the cancer, 11.62% from its complications, and 13.95% from other causes such as car accident.

Conclusions: We noticed that the elderly are most affected by rectal cancer, with no gender predilection. Abdominal rectosigmoidectomy is the most common surgical procedure. Approximately one third of the patients died, mostly as a direct result of the cancer.

029087

Analysis of the impact of the number of lymph nodes recovered from surgical sample on survival of patients submitted to rectal cancer treatment

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Introduction: In Brazil, rectal cancer is the second cause of cancer of the gastrointestinal tract and is among the leading causes of cancer death.

Objectives: To evaluate the impact of the number of retrieved lymph nodes in the surgical specimen in overall survival and disease-free survival of patients submitted to the treatment of rectal cancer at the Reference Unit against Cancer in the state of Rio Grande do Norte, Brazil.

Methods: This was a retrospective observational study of 135 patients performed between 2007 and 2014. Included were patients aged >18 years with a histological diagnosis of rectal adenocarcinoma who had undergone radical surgical treatment with chemotherapy associated with radiotherapy; excluded were isolated neoadjuvant treatments and other types of cancer.

Results: It was observed that the average age of the patients was 67.1 years (±15.87), and 50.3% were male. Of the surgical procedures, 63.7% underwent abdominal rectosigmoidectomy, 21.7% perineal amputation of the rectum, 6.4% local resection, and 8.06% palliative procedures. Of the total of 111 patients undergoing lymphadenectomy during the surgical procedure, 22.52% had less than seven lymph nodes removed and 77.47% had seven or more lymph nodes biopsied. For patients who underwent neoadjuvant chemotherapy combined with radiotherapy, overall survival over 1, 2 and 5 years was, respectively, 85.6%, 78.4% and 75.8%, and the disease-free survival at 1, 3 and 5 years was 92.9%, 74.4% and 65.3%, respectively. There was no evidence of a statistically significant difference at the 5% significance level with respect to survival (disease-free or overall) of patients according to the number of lymph nodes removed.

Conclusions: There was no difference in the survival of the population submitted to treatment with neoadjuvant rectal cancer between the groups analyzed (less than seven lymph nodes removed and seven or more lymph nodes removed).

028900

Are the results of magnifying chromoendoscopy evaluation of extraperitoneal rectal tumors comparable to those of endorectal tridimensional ultrasound? Results based on pathological comparison

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Introduction: Evaluation of rectal wall invasion of early rectal tumors has a special value in the management of these patients.

Objective: To compare the findings of three-dimensional endorectal ultrasound (3D-ERUS) with magnifying chromoendoscopy (MC).

Methods: Patients with extraperitoneal rectal tumors evaluated between September 2010 and June 2014 were included. Rectal wall depth of invasion (T), tumor extension, and percentage of rectal wall involvement were evaluated during 3D-ERUS compared to the results of MC and pit pattern. The results of the exams were blind from each other. Sensibility, specificity, positive and negative predictive value, accuracy, and kappa index were calculated for the rectal wall invasion. Also lesion extension and percentage of rectal wall involvement were analyzed with an intra-class correlation index.

Results: During the study period 44 patients were prospectively evaluated using 3D-ERUS and 22 patients also underwent MC prior to surgery; 27 (61.36%) were female with a mean age of 63.52 (±12.23) years. Surgeries performed were 14 radical anterior resections and 30 local resections by transanal endoscopic microsurgery or colonoscopy (endoscopic submucosal dissection). Kappa index for the T parameter was 0.64 (95%CI 0.41–0.86) for 3D-ERUS and 0.69 (95%CI 0.32–1.1), meaning there was substantial agreement between the two methods. Lesion extension by 3D-ERUS was 3.7 (±1.8) as compared to 4.7 (±2.7) for pathology, having a moderate intra-class correlation (0.45). A similar intra-class correlation of 0.53 was obtained between MC and histopathology. Bland Altman graph shows that lesions <5 cm are better estimated with both methods. The percentage of rectal wall involvement was obtained for the radical resections and the intra class correlation was substantial (0.66) for the 14 cases analyzed with 3D-ERUS, and also almost perfect for MC (0.96); however, only four cases were analyzed.

Conclusion: 3D-ERUS and MC had similar results for depth of rectal wall involvement, meaning that they are similar methods for evaluation of rectal wall invasion of rectal neoplasms. MC only distinguished between non-invasive (T–) and invasive (T+) lesions as 3D-ERUS differentiated the invasion of rectal wall layers.

028981

Association between duration of symptoms and prognosis in surgical patients with colorectal cancer

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Introduction: Colorectal cancer (CRC) is the third most frequent malignant tumor in the world. Despite better methods of diagnosis and treatment recently developed, the incidence of and mortality from CRC shows a pattern of worldwide growth, especially in the most economically developed regions. Its main clinical manifestations are abdominal pain, weight loss, anemia and hematochezia. The existence of a connection between the duration of symptoms (time interval between the appearance of symptoms and the first consultation), clinical stage, and survival of patients with CRC has been questioned by several authors in recent decades.

Objectives: To analyze the relationship between the duration of symptoms, staging and prognosis of patients with CRC.

Methods: This was a retrospective study using the database of all patients diagnosed and treated for colorectal adenocarcinoma in Cuiabá oncology services, Mato Grosso, Brazil, between 2006 and 2013. Of the 131 patients followed, 24 were excluded from analysis due to an inability to define the duration of symptoms. The 107 remaining patients were divided into three groups according to the duration of symptoms: group I: <3 months, group II: 3–6 months, and group III: >6 months.

Results: The mean duration of symptoms was 7.48 months, ranging from zero to 72 months. There was no difference in age ($P = 0.53$), sex ($P = 0.11$), TNM stage at diagnosis ($P = 0.55$), complications ($P = 0.11$), overall survival ($P = 0.1$) or disease-free survival ($P = 0.24$) between the groups. There was a statistical significance in the fact that palliative surgery was more frequent in group I ($P = 0.02$).

Conclusions: The shorter duration of symptoms was related to the realization of palliative surgery, possibly due to more significant medical conditions and molecular differences in the disease. There was no association between duration of symptoms and gender, age, or TNM stage at diagnosis, complications, or rate of survival.