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The Rectosigmoid Problem

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TITLE PAGE

Title: The Rectosigmoid Problem

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Abbreviations: CTC, coalescence of taenia coli; RSJ, rectosigmoid junction; S3, third sacral segment

Abstract

The lack of consensus over the transition point for the end of the sigmoid and beginning of the rectum is a problem for the colorectal multidisciplinary team. In this review, we survey the wide number of landmarks for the rectosigmoid junction, and describe the theoretical and evidence-based strengths and weaknesses of each one.

Without a reliable definition of the rectum, sigmoid and rectal cancers will be classified inconsistently. As the treatment strategies for sigmoid and rectal cancers are radically different, incorrect tumour localisation has a substantial impact on patient management, leading to under or over treatment. Inconsistent classification will confound investigation of metastatic patterns and treatment outcomes. Now that the rectosigmoid junction has been recognised as a distinct segment of colon by the International Classification of Diseases, further heterogeneity in management and outcomes could result to the detriment of patients and research.

We describe a bespoke, anatomical and reliable landmark for the rectosigmoid junction; the sigmoid take-off.

Keywords: rectum, sigmoid, colorectal cancer, anatomy, neoadjuvant, magnetic resonance imaging

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