Austin Surgical Oncology

Open Access

Austin Publishing Group

Letter to the Editor

Total Colectomy for Metachronous Colorectal Tumors

Barış Sevinç*
Department of General Surgery Clinic, Medicalpark Uşak Hospital, Uşak, Turkey

***Corresponding author:** Barış Sevinç, Department of General Surgery Clinic, Medicalpark Uşak Hospital, Uşak, Turkey

Received: August 10, 2016; **Accepted:** August 11, 2016; **Published:** August 12, 2016

Letter to the Editor

About 15% of colorectal tumors admit to hospital with colonic obstruction [1]. In cases with left colonic obstruction there is still no consensus on the ideal treatment modality. In the recent literature, one step operations are favored, because of increased cumulative morbidity and mortality in multiple operations [2-4].

Here, i want to present a 68 years old patient with colonic obstruction due to a rectal tumor. Patient had been operated for a right sided colon tumor ten years ago. Previous tumor was reported as stage 1 adenocarcinoma with no lymphatic involvement and no distant metastasis. At the control colonoscopy 3 years after surgery, there had been no pathological finding. At the current admittance patient had a rectal tumor involving the dentate line and colonoscopic evaluation was impossible. Abdominal imaging revealed no distant metastasis and there were 5 involved perirectal lymph nodes. The patient has been informed about abdominoperineal resection and accepted the operation. Then the patient underwent abdominoperineal resection with total resection of the remaining colon and terminal ileostomy. Evaluation of the pathological specimen revealed T3N2 rectal adenocarcinoma and about 100 adenomatous polyps.

Incidence metachronous colorectal cancers reported as 2-2.4% [5,6]. Treatment of the metachronous tumors is similar to the primary ones. However, incidence of colon polyps with colorectal cancers is about 25% [5]. In the recent case it was impossible to perform a colonoscopy.

For the obstructive left colon tumors, resection of the involved colonic segment and primary anastomosis can be a treatment choice. There are studies reporting no difference between segmentary resection and total/subtotal colectomy for such lesions. However, in such a case with metachronous colorectal carcinoma with no information about the proximal colon, total colectomy should be chosen.

References

1. Osmanoğlu H, Sözbilen M. Tıkayıcı kolon kanserinde yaklaşım. Kolon rektum ve anal bölge hastalıkları. Alemdaroğlu K, Akçal T, Buğra D (Eds). Ajans Plaza, İstanbul. 2003; 465-472.
2. Trompetas V. Emergency management of malignant acute left-sided colonic obstruction. Ann R Coll Surg Engl. 2008; 90: 181-186.
3. Hennekinne-Mucci S, Tuech JJ, Brehant O, Lermite E, Bergamaschi R, Pessaux P, et al. Emergency subtotal /total colectomy in the management of obstructed left colon carsinoma. Int J Colorectal Dis. 2006; 21: 538-541.
4. Targownik LE, Spiegel BM, Sack J, Hines OJ, Dulai GS, Gralnek IM, et al. Colonic stent *vs.* emergency surgery for management of acute left-sided malignant colonic obstruction: a decision analysis. Gastrointest Endosc. 2004; 60: 865-874.
5. Wexner SD (Ed). Diseases of the colon. Informa Healthcare, New York. 2007.
6. Gervaz P, Bucher P, Soravia C. Proximal location of colon cancer is a risk factor for development of metachronous colorectal cancer. Dis Colon Rektum. 2005; 48: 227-232.

Sevinç. © All rights reserved

Citation: Sevinç B. Total Colectomy for Metachronous Colorectal Tumors. Austin Surg Oncol. 2016; 1(1): 1001.