

Meeting abstract

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pT2 report after transanal endoscopic microsurgery excision in elderly patient T1 staged: a case report

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from XXI Annual Meeting of The Italian Society of Geriatric Surgery
Terni, Italy. 4–6 December 2008

Published: 1 April 2009

BMC Geriatrics 2009, 9(Suppl 1):A101 doi:10.1186/1471-2318-9-S1-A101

This abstract is available from: <http://www.biomedcentral.com/1471-2318/9/S1/A101>

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Background

TEM is a surgical procedure characterized by full thickness excision with curative purpose. After pathologist staging, though the high accuracy of diagnostic studies, as we will describe, an understaging may be reported.

Materials and methods

We present a case of rectorrhagia in an 83-years old patient. On rectal exploration a little hard lesion was found. A colonoscopy with biopsy was performed to search for synchronous lesions. A virtual colonoscopy and CT total body were performed to stage the patient and integrate the endoscopy and they both were negative. The endoscopy confirmed the lesion (adenocarcinoma G2) and described it as sessile, with a diameter of 22 mm, in the right wall of the middle rectum. A transanal ultrasonography was performed and staged the lesion as T1, N0. The hematological investigations showed lymphocytosis in relation with an anamnestic LLC, tumor markers (CEA, Ca 19.9) were in normal range. Considering stage (T1, N0, M0), age and clinical status, the decision of performing TEM was taken. The cancer was completely removed and sent for histological examination.

Results

The postoperative period was regular. The patient was able to mobilize at first postoperative day, evacuate at sec-

ond and he was discharged at fourth. A minimal episode of disorientation was noticed in first postoperative day. The rectal suture didn't show early or late complications. The definitive histological was an adenocarcinoma pT2 G2. The patient, informed of the histological result, refused to undergo radical surgery. So we addressed him to radiotherapeutic evaluation. He performed an adjuvant radiotherapy and underwent ultrasonography, CT and hematological follow-up, all negative at 6 months.

Conclusion

In order to obtain a curative TEM resection, the resection limits must be cancer free and the excision must be full thickness. TEM is well tolerated by the elderly patient with co morbidity versus the classical abdominal resections. Oncologic results are comparable to the classical resections for T1 either for recurrences or 5 years survival. Moreover TEM allows evaluation of the stage of the lesion and, if under stage, send to radical surgery or alternative therapeutic protocol as we presented with interesting results; but these data should be further defined.