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rectal cancer surgery.

Materials and Methods: In this population-based cohort study, we identified patients from three Dutch hospitals undergoing left-sided colon or rectal cancer resection (2009-2018). AL patients were 1:1 matched with non-leak patients and preoperative contrast-enhanced CT scans were retrospectively analyzed for mesenteric atherosclerotic lesions. Main outcome was the presence of mesenteric occlusive disease of the IMA on the preoperative CT-scan.

Results: Anastomotic leak developed in 4% of 1249 patients (N=52). Age below 70 years and low anterior resection was statistically significant associated with AL ($p=0.01$, $p=0.02$). No other statistically significant differences in patient characteristics between AL and non-leak patients were found. A clinically significant stenosis (≥ 70 -100%) of the inferior mesenteric artery was statistically significant more frequent present in AL patients, compared to non-leak patients ($p<0.01$). No statistically significant differences in the presence of mesenteric occlusive disease of the celiac artery and superior mesenteric artery between AL patients and non-leak patients were found.

Conclusions: Mesenteric occlusive disease of the IMA on preoperative CT scan is associated with AL after left-sided colon or rectal resection for cancer. Preoperative identification of high risk patients with a preoperative CT-scan of the mesenteric vasculature might lower the risk of AL.

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THE ASSOCIATION BETWEEN ANASTOMOTIC LEAKAGE AND HEALTH-RELATED QUALITY OF LIFE AFTER COLORECTAL CANCER SURGERY

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Background: Colorectal anastomotic leakage (AL) is a serious post-operative complication. There is few data on the impact of AL on health-related quality of life (HRQoL). We aimed to investigate the association between AL and HRQoL in colorectal cancer patients.

Materials and Methods: We used data from the prospective COLON cohort study. We considered patients diagnosed with stage I-III colorectal cancer undergoing elective curative surgical resection with primary anastomosis between 2010 and 2017. HRQoL was self-reported (EORTC-QLQ-C30) at diagnosis, six months and two years post-diagnosis. Outcomes were compared between AL and non-leak patients. To interpret the differences in HRQoL between time points and groups, we classified the difference as small, medium or large. A medium or large difference in HRQoL was considered clinical relevant.

Results: In total, 1197 patients were included in this study of whom 63 developed AL (5%). At six months post-diagnosis, AL patients reported a lower HRQoL compared to non-leak patients, but there was no clinical difference in HRQoL scores. There was a statistically significant larger proportion of AL patients than non-leak patients with a major deterioration in HRQoL. SumSc at 6 months post-diagnosis compared to baseline. Analysis of the HRQoL subscale scores of AL patients at 6 months post-diagnosis revealed lower scores on role and social functioning with clinical difference compared to non-leak patients. There were no statistically significant differences in HRQoL between AL and non-leak patients at two years post-diagnosis.

Conclusions: There is no clinical relevant difference in HRQoL at 6 months post-diagnosis between AL and non-leak patients, but there was a larger proportion of AL patients than non-leak patients reporting a major deterioration in HRQoL at six months compared to baseline. HRQoL returns to baseline levels at two years post-diagnosis for both groups.

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INTRAPERITONEAL FECALOMA ASSOCIATED WITH A LOCALLY ADVANCED ANAL CANCER - AN UNINTENDED CONSEQUENCE OF COVID 19

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Background: Tumours of the anal canal represent only 2,6% of the digestive system tumors, but their incidence has been increasing in the past few decades. The vast majority are squamous cell carcinomas. The most common presenting symptom is bleeding, but may also present with palpable mass, pain, or discharge and incontinence. Diagnosis of a suspicious mass on physical examination or anoscopy is confirmed with biopsy of the suspected mass, followed by imaging of the pelvis with MRI or CT to assess local extent and evaluate pelvic lymph nodes. Less than 20% of all patients present with unresectable disease or metastatic disease. Treatment is based on Chemo-radiotherapy - with surgical options (abdominoperineal resection + colostomy) reserved for more locally progressive disease after chemo-radiotherapy.

Materials and Methods: We present the case of a 61 year old patient who presented to emergency department with severe lower quadrant abdominal pain and rectal bleeding. On physical examination he had tenderness and guarding over the lower quadrants; Per rectum exam revealed an exuberant neoplastic lesion, friable, involving the entire anal canal and locally invading the scrotum. He had previously been admitted for rectal bleeding in December 2019 and on clinical exam presenting with anal mass - referred for outpatient follow up and further investigation, though he missed initial follow up and endoscopic exam, for fear of getting infected with the new coronavirus. CT scan on admission revealed a pneumoperitoneum, with signs of fecaloid peritonitis, due to stenosing lesion involving the entire anal canal, extending proximally to the lower third of the rectum, and causing a diastatic rupture of the sigmoid colon, communicating with an extra luminal fecaloma. The mass was invading the levator ani and prostate with secondary implants on the soft tissue regions of ischio-rectal with bilateral inguinal lymphadenopathy of 4cm.

Results: The patient underwent emergency laparotomy, with disseminated fecaloid peritonitis involving all abdominal quadrants, confirming the presence of extra luminal fecalomas and due to a more than 3cm perforation of the sigmoid colon. An extensive peritoneal toilette was performed and the sigmoid colon affected resected. A double lumen sigmoidostomy was constructed in the left iliac fossa. Biopsies of the neoplastic lesion were taken.

Conclusions: The postoperative period was complicated by wound infection and subsequent dehiscence and evisceration. It was managed with laparostomy vacuum dressing. The biopsies revealed non keratinizing squamous cell carcinoma of the anal canal. After a prolonged hospital stay, the patient was discharged home and is currently awaiting oncology consultation for further treatment.

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ONCOLOGICAL OUTCOMES AND QUALITY OF LIFE IN LOCALLY ADVANCED AND RECURRENT RECTAL CANCER PATIENTS FOLLOWING PELVIC EXENTERATION

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Background: Pelvic exenteration remains the standard treatment option for locally advanced and recurrent rectal cancer, although it is a complex surgical procedure associated with morbidity. This review aims to look at short term and long term surgical outcomes, oncological outcomes, and quality of life after pelvic exenteration

Materials and Methods: A comprehensive electronic search was performed using PubMed (Medline, Embase, and webpage) from 2016 to 2021 to identify studies suitable for the review. All studies examining surgical and oncological outcomes and quality of life were included and a literature review was performed by 2 independent reviewers.

Results: 12 studies achieving the inclusion criteria were incorporated in final analysis including 3388 patients who underwent pelvic exenteration. Complete resection (R0 on final histopathology) was achieved in 2330 patients while R2 and R3 resection margins was found in 756 and 157 patients respectively. 30-day mortality after pelvic exenteration was observed in 50 patients and major complications were seen in 1002 patients. None of the studies reported any information regarding quality of life following pelvic exenteration whereas one study included 90- day