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Multi-Organ Resection for A Case of Locally Advanced Carcinoma Rectum

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ABSTRACT

Abdomino-Perineal resection (APR) with Cysto-prostatectomy and Ileal conduit is a rare procedure. In this report a 71 year old male presented with a tumor arising from the rectum infiltrating the bladder and prostate (locally advanced tumor). Locally advanced carcinoma rectum is usually managed by radiotherapy, chemotherapy and diversion colostomy. But in our case, this 71 year old male underwent curative radical APR, cystoprostatectomy with ileal conduit.

Keywords: APR, carcinoma, rectum

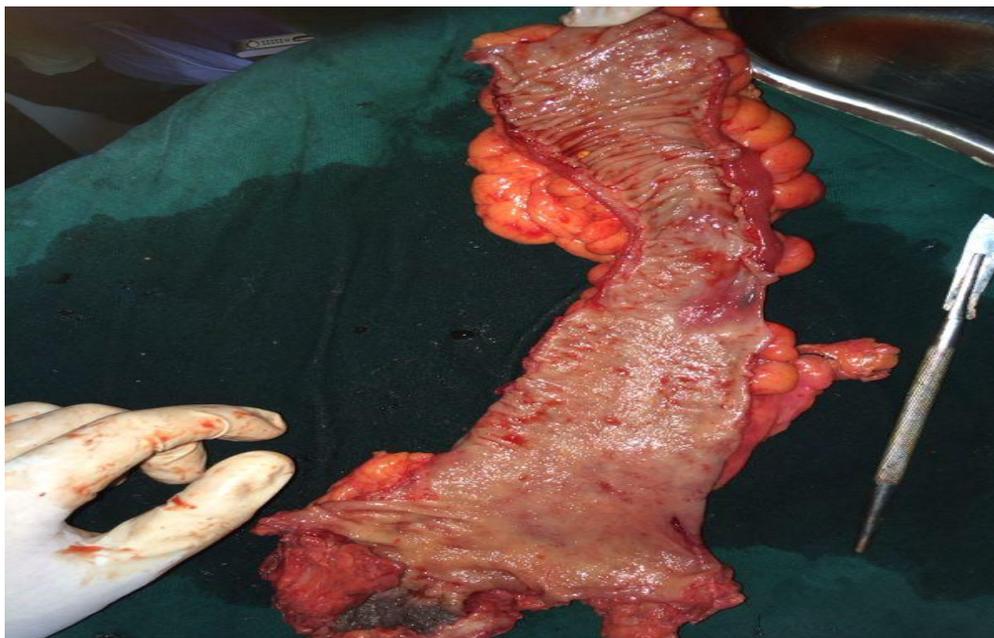
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Case Report

A 71 year old male presented to General surgery with complaints of 1 year history of painful defecation, history of straining while passing urine, increased frequency of micturition and poor stream. The patient was apparently normal one year before. His past medical history was uneventful. He was physically well built and nourished. No abnormal findings were seen during systemic examination. There were no palpable lymph nodes. On per rectal examination there was a growth found in the anterior aspect obstructing 2/3 of the lumen. Computed Tomography revealed a growth in the rectum infiltrating the bladder and prostate. Colonoscopy and biopsy was done preoperatively which showed neuro-ectodermal tumor. Patient was planned for palliation with radiotherapy, chemotherapy, supra-pubic cystostomy and diversion colostomy. The Patient was also offered a possible curative multi-organ resection (Abdomino-perineal resection with cystoprostatectomy with ileal conduit) after explaining the morbidities and complication of the procedures. Patient was willing to take the risk and undergo surgery.



Resected Specimen – Rectum, Bladder, Prostate



Cut open specimen of the Rectum

RESULTS AND DISCUSSION

Postoperatively the patient recovered uneventfully. Biopsy revealed adenocarcinoma rectum. After 3 weeks of surgery patient underwent 6 cycles of chemotherapy followed by radiotherapy. The patient has been under regular follow up and is so far asymptomatic after 1 year of surgery.

Radiodiagnostic imaging studies such as contrast enhanced CT scan, or MRI are useful adjuvants in planning surgery [1]. PET-CT also plays an important strategy formulator [2]. APR with cysto-prostatectomy and ileal Conduit is a very rarely performed procedure [3-5]. The surgical procedure is palliative rather than curative. It increases the duration of life [6]. This multi-organ resection increases the survival [7].

The most common complication encountered is anastomotic leakage of urine intra-peritoneally & complications of stoma which is a curable complication [8, 9]. Resected specimen biopsy showed mucin secreting Adenocarcinoma.

It is a complicated procedure should be attempted only in dedicated centres by experienced surgeons [10].

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