

Synchronous Locally Advanced Rectal Cancer with Clinical Complete Remission and Important Downstaging after Neoadjuvant Radiochemotherapy - Personalised Therapeutic Approach

Dragoş Eugen Georgescu^{1,2}, Mihai Teodor Georgescu², Florin Teodor Bobircă^{1,2},
Teodor Florin Georgescu², Horia Doran^{1,2}, Traian Pătraşcu^{1,2}

¹“I. Juvara” Surgical Department, “Dr. I. Cantacuzino” Clinical Hospital, Bucharest, Romania

²“Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

Abstract

Introduction: The current practice for patients with good response, important downstaging or complete remission after preoperative chemoradiation, is to perform surgery on the basis of initial pretherapeutical staging. In literature, varying approaches, like transanal endoscopic microsurgery and even “wait and see”, are described for patients with good response after chemoradiation. However, considering the present level of available evidence, the wide-spread adoption of a “watch and wait” policy in those achieving a complete clinical remission cannot be justified.

Case report: It is presented the case of a 63 years old patient, investigated and diagnosed with synchronous rectal cancer, inferior rectal cancer invading the perianal region and medium rectal cancer, located between 8 and 14 cm from the anal verge, pretherapeutically staged cT4N2M0. The oncological board decides neoadjuvant radiochemotherapy. Restaging shows complete remission of inferior rectal tumor and ulcerative infiltrative remnant lesion in the medium rectum. The patient firmly declines colostomy, assuming recurrence risks. A TME low rectal resection with colorectal mechanical anastomosis is performed, postoperative evolution being favorable.

Conclusions: Although, the radical surgery to be done would have been an abdomino-perineal resection, the patient’s option to decline the colostomy imposed a radical intervention just for the proximal tumor. The inferior rectal tumor, with complete remission after neoadjuvant therapy was submitted to “wait and see” approach.

Key words: rectum, cancer, complete remission, neoadjuvant therapy, anastomosis