

Present and future tense in operable rectal cancer

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Abstract

In the last three decades it has been repeatedly insisted on the total mesorectal excision (TME), as being the key for pelvic recurrence. The authors have focused upon issues still "questionable", that invite reflection, having as a starting point now become the classic precepts of RJ Heald. The authors stop mainly on defining points that justify the complex therapeutical approach of rectal cancer. There are discussed some issues still subject to controversy: the extent of regional extirpation, critical points of surgical risk, the attitude towards the protection of genito-urinary innervation. In this purpose surgical considerations are presented on: the anatomy of the rectum and mesorectum, TME and its limits, on dissemination issues and pathology tumor grading, pelvic relapse and the place of adjuvant therapy. Complication rate is also analyzed and the quality of life of patients undergoing TME. Finally conclusions are advanced, some of them having the capacity to provide topics for future study and debate.

Key words: rectal cancer, total mesorectal excision, tumoral grading, lymph nodes involvement, neoadjuvant therapy, hypogastric plexus, pelvic plexus

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