ABSTRACT

Local excision of early rectal cancers by transanal endoscopic microsurgery (TEM)

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Background Local excision of rectal cancers by Endoscopic Microsurgery (TEM) has become accepted as a valid treatment modality for T1 rectal carcinomas. Its singular use in carcinomas of stage T2 and above remains controversial due to higher rates of local recurrence. The purpose of this work was to evaluate the efficacy of TEM combined with radiotherapy as an alternative to radical rectal resection in T2 rectal carcinomas.

Methods The records of twelve patients who underwent TEM for T2 rectal carcinoma at the Royal Preston Hospital were reviewed. Their treatments and outcomes were recorded.

Results Out of the twelve patients, six received radiotherapy and six did not because they either elected for subsequent radical surgery (three patients) or were unfit for further treatment and underwent follow-up (three patients). Median follow-up was 20 months. In the no-radiotherapy group, one patient who underwent subsequent radical surgery had involved mesorectal lymph nodes, and one patient undergoing follow-up without radical surgery developed mesorectal nodal recurrence. In the radiotherapy group, all six patients underwent follow-up with no recurrences to date. There was no 90-day surgical mortality.

Conclusion Whilst the numbers in the study were not sufficient for valid statistical comparison, the lack of tumour recurrences in the group receiving radiotherapy does support the use of TEM with radiotherapy as a promising alternative treatment modality for stage T2 rectal carcinoma, particularly in patients who are at high risk for radical surgery, have a near complete response to pre-op radiotherapy or are keen to avoid a permanent stoma.

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