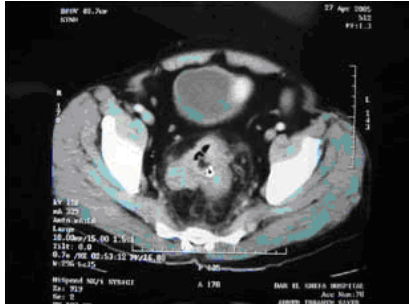


SURGICAL PHOTO QUIZ

By
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Male patient 64 years old complained of 6 months history of bleeding per rectum, tenesmus and sense of incomplete evacuation. PR examination revealed a malignant feeling stricture 5 cm above anorectal junction (approximately 10 cm from anal verge). Biopsy proved the lesion to be adenocarcinoma. There was no evidence of distant metastases and the patient was fit for surgery. The photograph shows the CT of that patient. In your opinion, the ideal management of that patient would be

1. Abdominoperineal resection of the rectum
2. Low anterior resection of the rectum
3. Neoadjuvant radiotherapy followed by surgery
4. Neoadjuvant radiochemotherapy followed by surgery
5. Palliative colostomy

Send your answer to ejs@ess-eg.org

The correct answer and a short comment on the condition will be presented in the next issue of the journal.

The correct answer for previous Photo Quiz (Vol 25, No 2, April, 2006)

The correct answer is Total proctocolectomy, terminal ileostomy

The family history of this patient is consistent with Amsterdam criteria for the diagnosis of hereditary non-polyposis colorectal cancer (HNPCC). This is the most common hereditary form of colorectal cancer. It represents 2-5% of all cases of colorectal cancer and 20% of colorectal cancer in young patients less than 40 years. It is characterized by multiple synchronous colonic tumours in the form of cancer and polyps that are mainly situated in the right colon (This is evident in the operative specimen of the patient). HNPCC patients also have 5-7 times risk of developing metachronous colorectal cancer in the remaining colon after resection. Extra colonic tumours are also common mainly affecting the small intestine, urothelium and endometrium. The best treatment for HNPCC patients is total colectomy and ileorectal anastomosis. Regular life long surveillance of the rectum is required. Some people advocate total proctocolectomy with ileostomy or restorative proctocolectomy to completely abolish the risk of metachronous cancer but this is not the standard treatment. Right hemicolectomy and extended right hemicolectomy is not enough treatment and will make surveillance of the colon more difficult.

