Summary and Conclusion

Summary and conclusion

Because 70 to 80% of rectal cancer patients present with disease beyond the rectal wall, by either direct extension or lymphatic spread, most rectal cancer require radical resection.

In the series of the National Cancer Institute NCI Cairo University, rectal cancer is ranked the forth position among other malignancies.

Local recurrence (LR) was found to be the mode of postoperative recurrence seen most frequently in rectal cancer, comprising 34 to 45% of such recurrences. This LR continues to be a major problem following surgical treatment of rectal cancer and carries an extremely poor prognosis, more importantly, LR is seldom curable and produces debilitating symptoms which are difficult to palliate.

It was observed that individual surgeons vary in their outcome from less than 10% LR to more than 50%. ***So it is therefore,*** within the power of the surgeon to double the expectation of cure and reduce by 5 folds or more the incidence of LR and improvement of surgical technique can expect to achieve up to 80% improvement.

Based on these data, the primary purpose of this study carried out from April 1999 to March 2003 is to assess the validity of the technique of RAPL in determining the incidence and pattern of pelvic lymph nodal affection and its effect on LR rate in rectal cancer patients as compared to conventional resection and which patients are recommended to be candidate for this technique.

In our study, the incidence of lymph node affection in patients who underwent RAPL in mid and low cancer rectum was found to be (40%) and (58.8%) with lateral nodal affection in (30%) and (41.1%) respectively.

En bloc RAPL was associated with an incidence of local recurrence (LR) of (13.3%) compared to (36.7%) in the conventional group.

The pattern of local recurrence in the lymphadenectomy group showed ***NO*** recurrence related to the lymph nodes in these patients compared to the conventional group which is nearly half (45.5%) recurrences in this group.

Our study demonstrated that all recurrences were Dukes' C cases; 4 out of 15 cases (26.6%). The 4 cases that developed local recurrence 3 of them were mucoid variant and 3 of them were grade III tumours.

The incidence of pelvic nodal affection in Dukes' B1 was 22.2% and 25% in Dukes' B2 and 46.6% in Dukes' C.

RAPL was not associated with any added operative morbidity as regards the operative blood loss which is slightly increased and the operative time was prolonged as the RAPL is done bilaterally with meticulous dissection to avoid injury of these important structures.

RAPL was not associated with any added mortality or early post operative complication than the conventional group.

The morbidity of this technique in our study (genito-urinary dysfunction) was higher than the conventional resection and the affected patients were referred to the urological section for evaluation and management, and we did not adopt the nerve preservation technique in our study.

The 30 month recurrence free survival of patients who underwent lymphadenectomy was found to be 77.1% and 63.3% for the conventional group which is statistically significant with the P value (0.039).

RAPL as an extended resection has a remarkable clinical impact on improving (LR) and recurrence free survival compared to conventional resection.

RAPL in this regards is considered to be therapeutic in cancer rectum, not simply a staging procedure, and also be considered as an adjuvant to the conventional resection as viewed as the best among various adjuvant available to offer to patients who are at risk of harbouring pelvic nodal metastasis.