

Transanal Minimally Invasive Surgery (TAMIS) for Large Rectal Polyps

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Transanal minimally invasive surgery (TAMIS) has emerged in recent years as a viable alternative to traditional radical resection for both benign and early malignant rectal lesions.¹ The increasing popularity of TAMIS can be attributed to its low morbidity, shorter recovery time, as well as improved bowel, bladder, and sexual functional outcomes.² Traditionally, TAMIS has been performed for rectal lesions less than 30% of bowel circumference.³

A 48-year-old woman presented with a positive fecal immunochemical test. Endoscopy revealed the presence of a 3-cm rectal lesion 10 cm above the anal verge, occupying approximately 40% rectal circumference. Biopsy returned as villous adenoma with low-grade dysplasia, whereas magnetic resonance imaging showed a possible T2 lesion in the mid-rectum with large uterine fibroids causing anterior compression. With the aid of a gelpoint path port and airseal, stable pneumorectum was achieved, creating sufficient working space to allow complete excision of the lesion with ease.

The patient recovered well and was discharged on postoperative day 1. Final histology confirmed a villous adenoma with predominant low-grade dysplasia and a foci of high-grade dysplasia. The margins were clear, and the patient recovered uneventfully, demonstrating the superiority of this technique for large rectal polyps, even for those more than 30% of bowel circumference.

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