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Letter to the Editor

How not to deal with sigmoid cancer

We read with interest the study entitled "How to deal with rectal lesions …" by Serra-Aracil et al. and would like to congratulate the authors.[1] The main focus of studies on transanal excision of rectal tumors should not be solely the surgical technique involved but rather the appropriateness of its applications to clinical practice. We strongly support the authors' views regarding excision of benign tumors and palliation of rectal cancer in inoperable patients. Nonetheless, we feel that sharing our concerns regarding the potential impact of transanal endoscopic microsurgery (TEM) on sigmoid adenocarcinomas would contribute to the overall safety message. Assuming that the 18 patients undergoing TEM for sigmoid adenocarcinoma with curative intent had preoperative PET or CT scan of the chest, abdomen and pelvis showing no evidence of metastatic disease, the reader can only speculate that their preoperative cancer staging might have been ranging from stage I to III. Unless such patients were wheelchair-bound, on home oxygen and/or hemodialysis, suffering of congestive heart failure, etc. the reader should have been advised that TEM of non-metastatic, resectable, non-obstructing sigmoid cancer has no curative potential and therefore, it might not be in the patients' best interest. As a matter of fact, TEM did not only leave all lymph nodes behind in 18 patients with sigmoid adenocarcinoma, but also led to cancer upstaging in three cases due to intraoperative colon perforation.

The argument of organ preservation (which has a strong rationale in rectal cancer where neoadjuvant chemoradiation plays a crucial role) does not really hold for sigmoid cancer, as the consequences of autonomic nerve injuries and LAR syndrome do not apply. Moreover, sigmoid resection carries low morbidity and mortality rates in the hands of experienced colorectal surgeons.[2] Lastly, we feel that the reader should be reminded that transanal excision of T1 cancers (within 15 cm from the anal verge) was found to result into suboptimal oncologic outcomes including higher risk of cancer-related death.[3]

In conclusion, although we are impressed by the authors' large experience and technical skills, we would like to express our concern regarding the implementation of TEM for curative intent in patients with sigmoid cancer.

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References

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