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Reply

Reply to the reply letter to: A letter to the editor on “Anterior perineal plane for ultra-low anterior resection of the rectum (APPEAR) technique: A systematic review”. Transphincteric rectal resection techniques should be considered in lower rectal cancer surgery by considering their locoregional oncologic advantages

Dear Editor,

I read the reply letter to: A letter to the Editor on “Anterior perineal plane for ultra-low anterior resection of the rectum (APPEAR) technique: A systematic review”. I believe that some issues related with this subject should be clarified. Firstly, the referenced article describing the APPEAR procedure contains operative definitions with illustrations, but no anatomical definition [1]. I have to regretablly insist that there is non-existence of "The rectal no man's land" anatomically in the body. It is certain that transanal and transperineal rectal resection techniques should be taken into account as alternative surgical methods in lower rectal cancer surgery. Although they seem to have close meanings to each other, these two techniques have different anatomic and surgical characteristics. The recently described transanal total mesorectal excision techniques are performed based on intersphincteric distal rectal dissection and resection [2], and the techniques are realised in the intersphincteric plan. The transperineal approaches, however, are performed at the extrasphincteric plane by using the transsphincteric rectal resection techniques. Although transsphincteric rectal resection techniques (TSR) are sphincter-saving surgical procedures, they cannot attain a deserved place in lower rectal cancer surgery despite their locoregional oncological advantages. Mason first described the TSR technique for surgical treatment of rectal cancer in the middle rectum by using the posterior perineal approach [3]. TSR should especially be considered in lower rectal cancer because the surgical field reached via the perineal access is through the ischioanal fossa in which the largest part of the distal rectum is wrapped completely by external anal sphincteric musculatures. It has been shown that the most important factors for locoregional recurrence, like CRM positivity and tumoral perforation, were significantly decreased using the cylindrical rectal amputation technique performed in the extraphincteric plan [4]. The transsphinteric rectal resection techniques are sphincter-saving procedures in which extrasphincteric rectal dissection is performed without rectal amputation. In addition, excision of a tumorally invaded proximal external anal sphincteric segment is a contraindication to sphincter preservation in ISR, but it can be realised together with the corresponding tumoral lower rectal segment when performing TSR [1,5,6]. In evaluating the transperineal transsphinteric rectal resection techniques, the surgeon should consider not only the ease of surgical access provided by TSH, but should also prioritize the locoregional oncological advantages obtained for lower rectal cancer surgery in the extrasphincteric plan in the ischioanal fossa.

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