Do patients requiring a multivisceral resection for rectal cancer have worse oncologic outcomes than patients undergoing only abdominoperineal resection?*

Eslam M.G. Dosoky a, b, Justin T. Brady a, Ruel Neupane a, Murad A. Jabir a, Sharon L. Stein a, Harry L. Reynolds a, Conor P. Delaney c, Scott R. Steele a, *

Abstract:

Introduction: Abdominoperineal Resection (APR) remains an important option for patients with advanced rectal cancer though some may require multivisceral resection (MVR) in addition to APR. We hypothesized that oncological outcomes would be worse with MVR. Methods: A retrospective review from 2006 to 2015 of 161 patients undergoing APR or MVR for rectal cancer, of whom 118 underwent curative APR or APR with MVR. Perioperative, oncologic and survival metrics were evaluated. Results: There were 82 patients who underwent APR and 36 who underwent MVR. Surgical approach and incidence of complications were similar (All P > 0.05). There was 1 local recurrence in each of the APR and MVR groups at a mean follow-up of 34 and 32 months, respectively. Distant recurrences occurred in 3 APR patients and 4 MVR patients. Conclusions: APR and APR with MVR can be performed with comparable morbidity and oncologic outcomes. Summary For patients with locally advanced or recurrent rectal cancers, abdominoperineal resection remains an important option for curative resection, however some patients may require multivisceral resection in addition to abdominoperineal resection. In our retrospective review of 118 patients who underwent curative resection, we found comparable rates of short-term complications and survival outcomes between patients undergoing abdominoperineal resection alone or in conjunction with a multivisceral resection.

Keywords:

Rectal cancer Colorectal surgery

Published In:

The American Journal of Surgery, NULL, pp. 1 - 5