



PP-054

Abdominal sacral – Coccyx and rectal abutment resection technique due to relapse of squamous cancer of the anus

M. Zoulamoglou¹, I. Papanastassiou¹, N. Demertzis¹, G. Papageorgiou¹, G. Skarpas¹, D. Drakotos¹, M. Sgantzos², T. Mariolis-Sapsakos¹

¹ General Oncological Hospital of Kifisia "Oi Agii Anargyri", Athens, Greece

² Anatomy and Histology Laboratory, Medical School, University of Thessaly, Larissa, Greece

Introduction: Squamous anal cancer is a rare malignancy and consists the 75% of all anal cancers. It metastasizes rarely, however the therapy of the loco-regional relapses are challenging for the surgeon. The purpose of this study is to describe the surgical technique performed in two patients, a 65 years of female and a 75 years old male with locally recurrent squamous cancer of the rectum with participation of the coccyx and sacral bone.

Methods: The preoperative planning includes pelvic and lower abdomen MRI, thoracic CT as well as a pelvic CT, a PET-CT, bone scanning and pigtales insertion in the ureters. With the patient in supine and low lithotomy position, a midline incision between the umbilicus and pubis is performed. Is performed ablation of the vagina posterior and lateral from the rectum with complete separation. It follows identification and preparation of both the ureters and dissection of the colon or rectum in acceptable distance from the tumor, creation of left colostomy and suturing of the abdominal wall. The patient is relocated in prone position with projection of the anus and coccyx.

Midline incision between the S1 vertebrae and the lower end of the coccyx, follower by an elliptical incision from the lower end of coccyx terminating 2-3cm anterior of the anal orifice. After the excision of the coccyx and lower sacrum, we proceed with division of the sacrum and coccyx surrounding tissues and ligaments. Excision of the perianal skin and the anal tube with the outer anal sphincter and the levator muscle of the anus circumferentially. Meeting of the two excision points upwards. In case of a large deficit, a flap of maximus gluteal muscle or rectus abdominis muscle can be mobilized.

Results: The mean post-operative follow up was 1.5 years and it revealed that both patients are free of disease.

Conclusion: In cases of relapse of squamous cancer of the rectum, extensive pelvic resection which includes the en block resection of the tumor and the surrounding anatomical structures which are infiltrated by the tumor constitutes the only curative surgical option for the patients with recurrent anal cancer. Male patients present more challenges due to the existence of the seminal vesicles and the possible complication of infertility or impotence.