THE TRANSANAL APPROACH TO LAPAROSCOPIC RESTORATIVE PROCTOCOLECTOMY FOR FAMILIAL ADENOMATOUS POLYPOSIS IN AN EARLY TEENAGE PATIENT.

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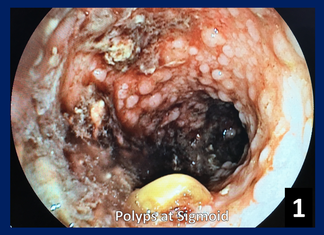
Background

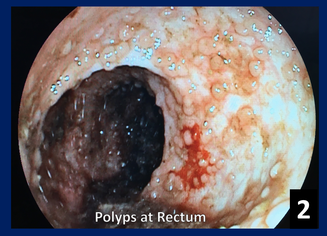
Transanal total mesorectal excision (TaTME) provide comparable functional outcomes in comparison to the conventional laparoscopic approach for total mesorectal excision (LaTME) of low rectal cancers. This benefit of transanal pelvic dissection may apply to the transanal restorative proctocolectomy with ileal pouch-anal anastomosis (IPAA). We present laparoscopic transanal restorative proctocolectomy with IPAA for familial adenomatous polyposis (FAP) in an early teenage patient.

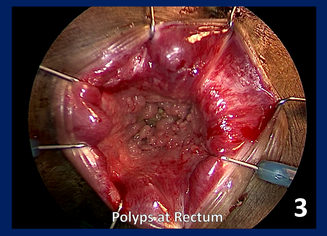
Case Presentation

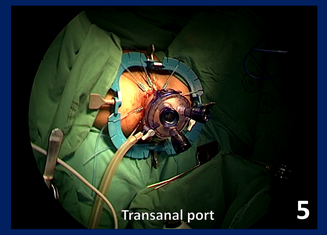
A 13-year-old girl presented with intermittent per rectal bleed and anemia for nine months. Her mother died from colon cancer at the age of 39. Colonoscopy revealed multiple adenomatous polyps throughout the colon and rectum*(Fig. 1,2).* The patient was investigated for FAP associated lesions and no other significant finding was noted.

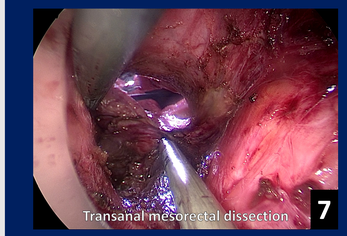
The surgical procedure used five trocars*(Fig. 10)* as the following steps. The entire colon was mobilized with ligation of vascular pedicles. Transanal mucosectomy*(Fig. 3,4)* and mesorectal dissection*(Fig. 5-8)* were performed. The surgical specimen was extracted through the anus*(Fig. 9,11).* J-pouch was constructed through the loop ileostomy site. An ileoanal hand-sewn anastomosis was performed. A diverting loop ileostomy was done at the end of the procedure. The postoperative course was uneventful. The ileostomy closure was performed at 2 months.

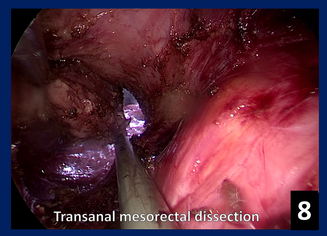


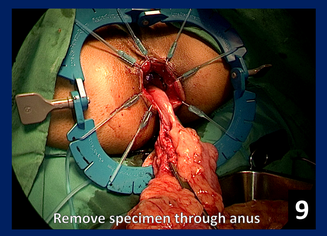


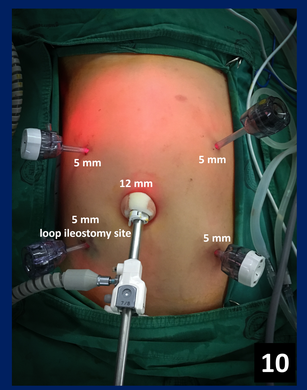












Discussion

FAP is a precancerous hereditary condition. The rationale of performing a prophylactic colectomy is a mainstay of FAP management. Cancer is rare before the age of 20 years and deferring surgery to the late teen years until after physical, emotional, and social maturation. Those children or adolescents with an adenoma burden of rectal polyps should preferably be referred for restorative proctocolectomy.

The major advantages of the transanal dissection in restorative proctocolectomy are better visibility in a narrow pelvis avoid damage to the pelvic autonomic nerves and enable a clear identification of the landmarks within the anal canal (dentate line).

Conclusion

Our experience suggests a transanal approach with TaTME is safe and effective in patients undergoing prophylactic laparoscopic restorative proctocolectomy with IPAA for FAP. Additional data is needed for comparative outcomes in pediatric patients.