Transanal Minimal Invasive Surgery (TAMIS) for a local advanced rectal cancer in elderly patient: a case report.

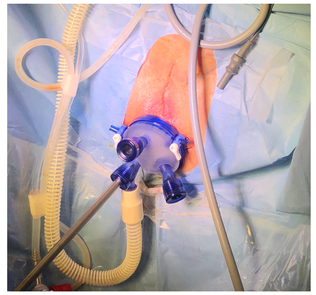
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BACKGROUND

Transanal minimally invasive surgery (TAMIS) has received attention as an alternative to transanal endoscopic microsurgery for rectal lesions**.** TAMIS is usually performed in the treatment of benign tumors of the rectum, but in some selected cases it is used for treating early rectal cancers (stage T1) and advanced rectal cancers (stage T2 and T3). This surgery technique uses the ordinary laparoscopic instruments to achieve high-quality local excision.

Atallah S. et al., 2010; McLemore E.C. et al., 2014



Transanal access device

AIMS

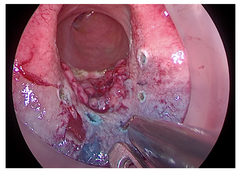
The aim of this study was to evaluate the feasibility and safety of TAMIS for resection of locally advanced rectal cancer specially in elderly populations.

CASE PRESENTATION

- A 87-year-old patient was diagnosed of rectal malignancy by a colonoscopy, that showed a large etheroplastic ulcerated lesion at 4-5 cm from the anal verge.
- The CT scan was negative for secondaryism.
- The endorectal ultrasound confirmed the location of the tumor at the third inferior section of the rectum and in posterior wall, without infiltration of mesorectum and without lymphnodes involvement (T2, N0).
- There were no contraindications in all the preoperative examinations, so we decided to perform a TAMIS approach.
- A single-incision laparoscopic surgery port was introduced into the anal canal, a pneumorectum was established with a laparoscopic device followed by transanal excision with conventional laparoscopic instruments as well as Johann laparoscopic forceps, graspers, electrocautery and needle holders.
- The operation was successful, the operation time was of 75 minutes and a tumor of a maximum diameter of 3 cm being completely removed.
- The pathological results were adenocarcinoma of the large bowel moderately differentiated (G2), ulcerating and infiltrating the muscularis propria. The pathological stage was T2, NX.
- At 1-month follow-up there were no signs of recurrence and no complications, except for a small blood loss at 10 day from surgery.

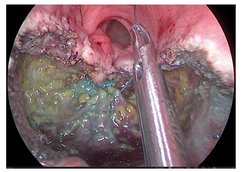
DISCUSSIONS

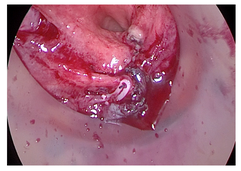
From our experience it can be assumed that this new technique is easy to perform, cost-effective and less traumatic to the anal sphincter compared with different surgery techniques. This assumes particular relevance in consideration of the fact that an elderly patient was spared major surgery like an anterior resection of the rectum by laparoscopic or open approach.



Operative site before excision of the tumor

Mesorectal defect after full thickness excision of the tumor





Completed suture of the defect with barbed suture

CONCLUSIONS

TAMIS is less commonly used in rectal malignancies, especially for tumors with a large diameter. We successfully performed a complete resection of a 3 cm malignant tumor with this technique. We may conclude that in selected cases like elderly patients is a low risk, low cost and feasible operation with few peri-operative complications, but it still requires further standardization.

Wang H. et al., 2020