Simultaneous transanal endolaparoscopic resection of a large anal canal and low rectal polyps

doi:10.1111/codi.14669

Dear Editor,

Large rectal polyps can be approached by endoscopic mucosal resection [1] or endoscopic submucosal dissection [2]. Recently, an application of endoluminal resection, called transanal minimally invasive surgery (TAMIS), has been introduced [3].

A 79-year-old man presenting with two large polyps in the anal canal (uTisN0) and low rectum (uTis v T1N0) was submitted to TAMIS. The patient was placed in the prone jackknife position with his legs apart. The reusable transanal D-Port (Karl Storz - Endoskope, Tuttingen, Germany) was introduced into the anus. Exploration showed the presence of a large polyp involving the entire length of the anal canal and part of the lower the rectum and a second large polyp that was located 1 cm above the upper extent of the anal lesion in the lower rectum (Fig. 1). The anal canal polyp was removed with preservation of the muscular layer and the rectal polyp by resecting the full thickness of the rectal wall. Both mucosal and submucosal flaps were closed by two converging sutures (Fig. 2).

The operating time was 78 min for the anal canal polyp and 53 min for the low rectal polyp. Perioperative bleeding was 10 cm³. The patient was discharged after 1 day. Pathological examination of the resected polyps showed tubulo-villous adenomas with high-grade dysplasia but disease-free margins, stage pTis (UICC 8th edition). After 2 years of follow-up the patient remains free of disease.

Transanal minimally invasive surgery for large polyps located in the anal canal and low rectum offers an excellent field exposure, safe en bloc polypectomy and the facility to achieve an endoluminal closure of the defect.

Figure 1 Large anal canal and low rectal polyps.

Figure 2 Final endoscopic view after resection and suture.

Conflicts of interest

GD keeps the patent licence of the transanal platform produced by Karl Storz-Endoskope, Tuttingen, Germany. The other authors have no disclosures or financial ties to declare.

G. Dapri*, S. O. Cawich†, N. A. Bascombe‡, A. K. Bobb‡, A. Arabadjiev* and M. Gomez-Galdon§
*Department of Gastrointestinal Surgery, European School of Laparoscopic Surgery, Saint-Pierre University Hospital, Brussels, Belgium, †Laboratory of Anatomy, Faculty of Medicine and Pharmacy, University of Mons, Mons, Belgium, ‡Department of Clinical Surgical Sciences, University of the West Indies, St Augustine, Trinidad and Tobago, and §Department of Pathology, Jules Bordet University Institut, Brussels, Belgium

E-mail: giovanni@dapri.net

Received 22 March 2019; accepted 27 March 2019; Accepted Article online 6 May 2019

References


Supporting Information

The video may be found in the online version of this article and also on the Colorectal Disease Journal YouTube and Vimeo channels:

Video S1. Simultaneous transanal endolaparoscopic resection of a large anal canal and low rectal polyp (https://m.youtube.com/watch?v=XfCXOuBcAMM).