ISSN 2640-1037 | Volume 8

Clinics of Oncology

Case Report Open Access

Ultra-Low Anastomosis of Rectal Cancer Preserving Anus after Neo-Adjuvant Chemotherapy

Jing Shi[1*]

[1]Guangdong Polytechnic Normal University, Guangzhou, China

[*]**Corresponding Author:**
Jing Shi, Guangdong Polytechnic Normal University, Guangzhou, China

Received: 22 Apr 2025
Accepted: 29 Apr 2025
Published: 04 May 2025
J Short Name: COO

Keywords: Breast Cancer; EMT:Metastasis; EGF; IGF-1; qPCR;Western Blotting;Cell Proliferation;Cell Morphology

Citation: J Shi. Ultra-Low Anastomosis of Rectal Cancer Preserving Anus after Neo-Adjuvant Chemotherapy. Clin Onco. 2025; 8(16): 1

1. Case Report

This patient is one 73 years old female. She is presented with rectal bleeding and frequent defecation for two months since Oct, 2024. The endoscopic pathology show adenocarcinoma. She was then admitted to our hospital. One big mass was found in the lower rectum by digital examination. CEA and CA125 were normal.

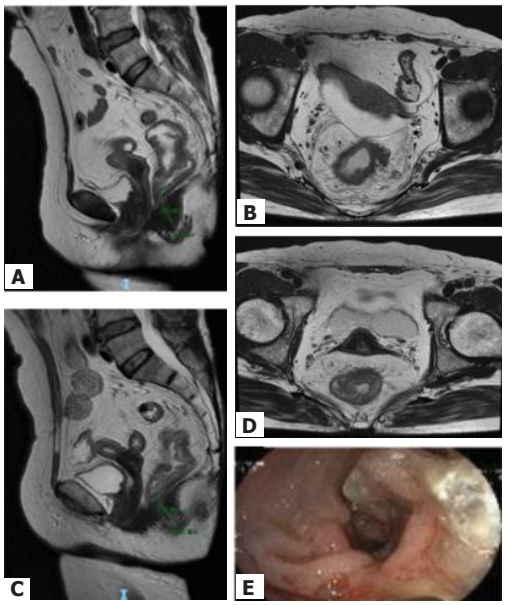

Figure 1: The imaging and endoscopy before surgery. **A.** MRI show tumor was 2.5 cm away from anal verge before chemos. **B.** Tumor locates in the anterior rectal wall with enlarged lymph nodes. **C.**MRI show shrinkedtumor after chemos. **D.** anterior rectal tumor and lymph nodes were both reduced. **E.** Endoscopic images show rectal tumor after chemos.

The lower border of tumour is 4 cm away from anal verge on MRI imaging with TNM stage of T4aN2aMx (Figure 1A). Multiple 4-6 enlarged lymph nodes (>5mm in minor anix) in the rectal mesentery and EMVI (+) (Figure 1B). Contrast CT stages show T3-4aN2M0. As the patient want to preserve the anus, she receives neoadjuvant chemotherapy of FOLFOX 6 for 4 times from Dec-6, 2024 to Jan-22, 2025. The tumour remission was good in digital examination. MRI imaging shows both tumour and lymph nodes were reduced with T4aN1, EMVI (+) (Figure 1C-D). CT scan also shows reduced tumour with T3-4N1M0. Coloscopy show reduced tumour (Figure 1E). The patient underwent laparoscopic total mesentery resection (Dixon procedure) and ultra-low anastomosis was conducted in the elevator ani level (Figure 2A-F). The postoperative pathology show adenocarcinoma with mucinous (ypT3N1b, MSS) (Figure 2G). The patient recovery well and was discharged on post-op day 7. Postoperative adjuvant chemo's with 8X Folfox 6 is scheduled. Follow-up show patient is presented with good anal function with 2-3 times of defecation per day. She has returned to good quality of life.

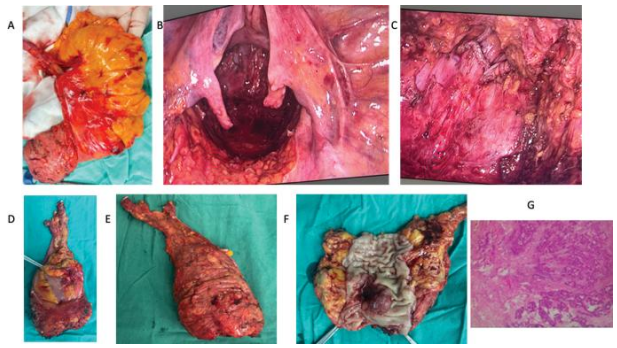

Figure 2: The operative images and pathology. **A.** complete TME resection.**B.** pelvic cavity after tumour remove. **C.** ultra-low anastomosis in elevator ani level. **D.** anterior view of specimen. **E.** posterior view of specimen. **F.** the distal border from tumour was 2 cm. G.Post-op pathology show adenocarcinoma.