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Fotografinis operacijos pristatymas

Hybrid transanal and laparoscopic TME after TEM for unexpected T2 rectal cancer

Hibridinė transanalinė ir laparoskopinė TME po TEM dėl netikėto T2 tiesiosios žarnos vėžio

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A 57-year-old woman underwent transanal endoscopic microsurgery (TEM) for T1 rectal cancer. Final histology demonstrated T2 invasion (Figure 1). A total mesorectal excision (TME) was recommended. Operation started in a prone-jacknife position performing partial TME from below (Figure 2, 3). The mobilized rectum (Figure 4) and rectal stump (Figure 5) were closed with purse-string sutures. A completion laparoscopic TME was performed with colonic J pouch anal stapled anastomosis. An intact rectal specimen was achieved (Figure 6).

57 metų moteriai dėl T1 tiesiosios žarnos vėžio buvo atlikta transanalinė endoskopinė mikrochirurginė (TME) operacija. Galutinio patologinio tyrimo duomenimis, buvo konstatuota T2 invazija (1 pav.). Ligonei buvo pasiūlyta totalinė mezorektinė ekscizija (TME). Operacija buvo pradėta pusiau sulenkto lenktinio peilio padėtyje, atliekant dalį TME per išangę (2, 3 pav.). Mobilizuota tiesioji žarna (4 pav.) ir tiesiosios žarnos bigė (5 pav.) buvo užsiūtos rauktinėmis siūlėmis. TME buvo užbaigta laparoskopiškai, sudarant storosios žarnos J rezervuaro jungtį su analiniu kanalu. Tokiu būdu pavyko suformuoti vientisą tiesiosios žarnos preparatą (6 pav.).

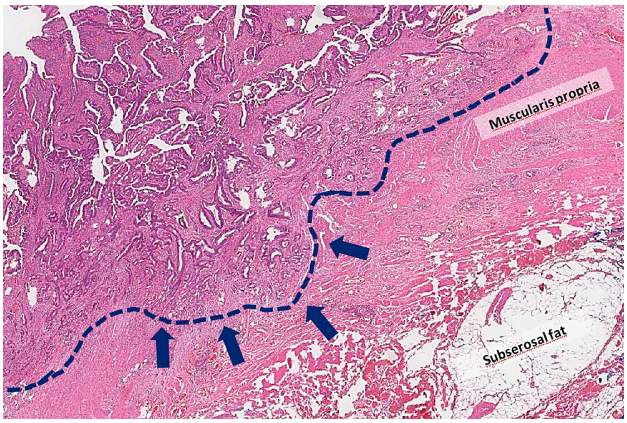

Figure 1. Final histology of the complete specimen after TEM: minimal invasion (punctate line) into superficial muscularis propria layer with only focal deeper invasion zone (arrows) (pT2)

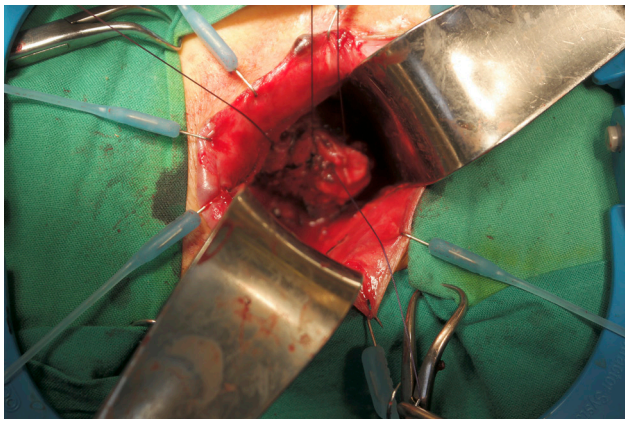

Figure 4. A purse-string suture is put on the distal part of the mobilized rectum

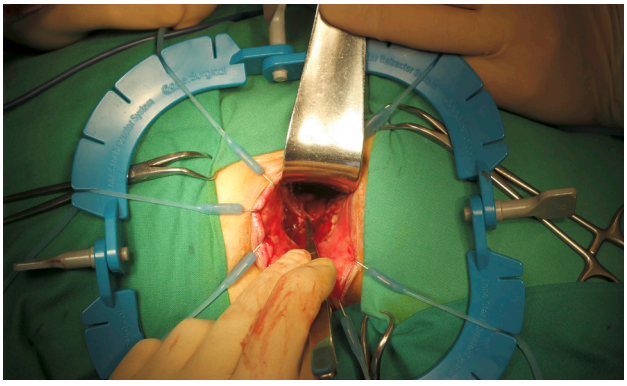

Figure 2. In prone-jacknife position, exposure of anus using Lone-Starr retractor was made and full-thickness circular rectal incision was performed starting the TME from below

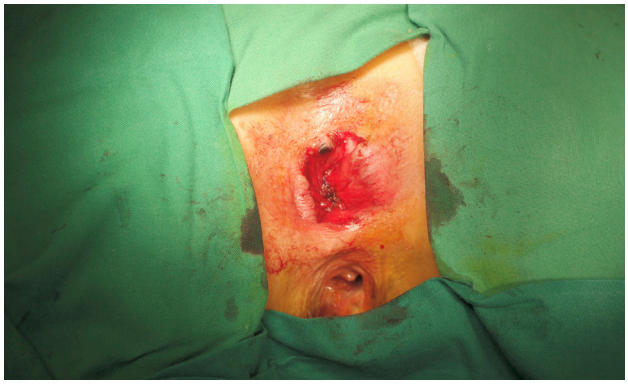

Figure 5. A purse string suture on the rectal stump is completed to allow further formation of stapled colonic J pouch anal anastomosis

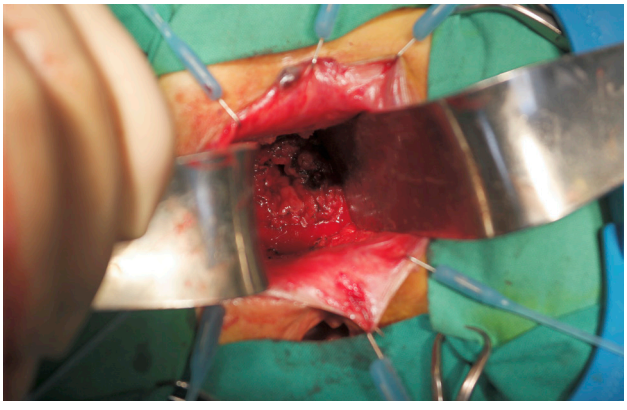

Figure 3. A partial TME from below is completed after dissecting several centimeters above the TEM suture line to ensure that laparoscopic dissection form above will not cause rupture of the specimen

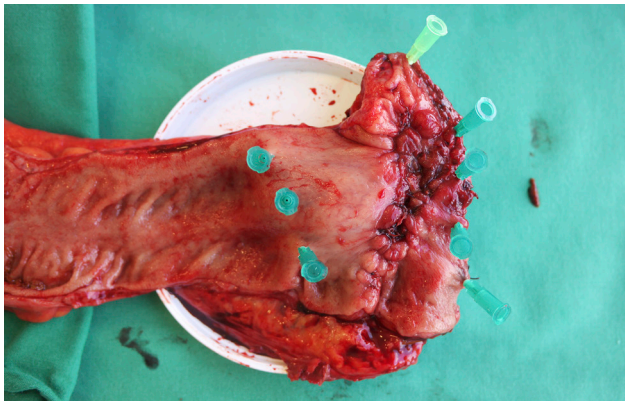

Figure 6. Rectal specimen after hybrid transanal and laparoscopic hand assisted TME: an intact TEM suture line and 1.5 cm distal resection margin is seen