



# المؤتمر السنوي لجراحة القولون والمستقيم

















# Mission Statement

King Faisal Specialist Hospital and  
Research Centre ( **KFSH & RC** )

Provides the **highest** level of  
**specialized** healthcare in an  
integrated **educational** and **research**  
setting

# Vision Statement



To be a **world-leading** institution  
of **excellence** and **innovation** in  
healthcare



















SAUDI COMMISSION FOR HEALTH SPECIALTIES

# THE SAUDI FELLOWSHIP IN COLON AND RECTAL SURGERY

Seventh Edition

1432-2011

Updated: 14 December 2011







## The International Saudi Colorectal Surgery Forum



Russell W. Sitt  
Andrew Butler  
Justin Evans  
John Luntz  
James Morris  
Andrew Smith  
Margaret Schu  
Bryan D. Sims  
Joel Tapper, U  
John A. Geller  
Francis D. No  
Andrew Jones  
James M. Chu  
And Gennery  
Richard Wahl  
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Dennis A. Kohn  
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Domenico  
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Alan C. Lavery  
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John Martin A  
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Giovanni Runt  
Cornelius Runt  
Gudde Sauter  
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William Jans  
Harley D. Ste  
Helen S. M  
Marcus J. Bar  
Helen Paul D  
Martin Sheld  
Helen Jans  
Brian M. Tayl



## SAUDI COLORECTAL SURGERY FORUM 2010

**AUDIENCE:**  
• Surgeons • Physicians  
• Nurses • Allied Health

For Registration and Information:  
Raquel Glorioso-Rivera / Grace Lopez Gonzales  
Department of Surgery (MBC-40)  
King Fahad Specialist Hospital & Research Centre  
P.O. Box 3354, Riyadh 11211, KS A  
Tel: 4427754 / 4427776 Fax: 442  
Email: glorioso@kfshrc.edu.sa/nlo

27-31 March 2010



## SAUDI-INTERNATIONAL COLORECTAL DISEASES FORUM 2013

**Audience:**

Surgeons  
Gastroenterologists  
ET specialists  
Internists  
Pediatricians  
Obstetricians  
Gynecologists  
General Practitioners  
Nurses  
Allied Health

Hereditary Colorectal

### International Speakers:

Dr. Carl Brown  
Chief, Division of General and Colorectal Surgery  
St. Paul's Hospital, Vancouver, BC, Canada  
Dr. Cristina Carvelero-Ribon  
Consultant, University of Navarra Clinic  
Pamplona, Spain  
Prof. Dirk Arnold  
Director, Herbertus Wald Tumor Center  
University Cancer Center Hamburg (UCC)  
Hamburg, Germany  
Ms. Dorothy Doughty  
Director, Mount Carmel Continuous Nursing  
Education Program  
Emory University, Atlanta, GA, USA  
Dr. Ignacio Fernandez Uribe  
Consultant, Hospital of Navarra  
Pamplona, Spain  
Prof. James Church  
Victor W. Fazio Chair  
Digestive Diseases Institute  
Cleveland, Ohio, USA  
Prof. Kurt Van Der Speeten  
Head, Surgical Oncology  
Belgium

### Local Speakers:

Dr. Abdullah Al Qasbi, RCH, Khawaja Mushahid  
Dr. Ahmad Al Zahran, KFSH&RC, Riyadh  
Dr. Ahmad Al Zubaidi, KKUH, Riyadh  
Dr. Ahmed Al Saele, KFSH&RC, Riyadh  
Dr. Ahmed Al Shehri, KFNGH, Jeddah  
Dr. Alaa Abduljabbar, KFSH&RC, Riyadh  
Dr. Ali Al Jubran, KFSH&RC, Riyadh  
Dr. Amro Mohammed Saleh, KFSA, Dammam  
Ms. Denise Hibbert, KFSA&RC, Riyadh  
Dr. Hadeel Al Munez, KFSA&RC, Riyadh  
Dr. Ibrahim Al Omari, KFNGH, Jeddah  
Dr. Khalid Al Resini, KFNGH, Jeddah  
Dr. Khawaja Alkayal, KKUH, Riyadh  
Dr. Laila Ashari, KFSA&RC, Riyadh  
Dr. Manzoor Dar, KAMC, Makkah  
Dr. Mohammad Al Aswari, BPH, Riyadh  
Dr. Mohammed Al Zahran, APH, Taif  
Dr. Mohammed Mohiuddin, KFSA&RC, Riyadh  
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Dr. Thamer Alkayal, KANGH, Riyadh  
Dr. Wafa Al Qubaili, KFSA&RC, Riyadh  
Dr. Yousef Al Subhani, KFMC, Riyadh

### For Registration and Information

Raquel Glorioso-Rivera  
Department of Surgery (MBC-40)  
King Fahad Specialist Hospital & Research Centre  
PO Box 3354, Riyadh 11211, Saudi Arabia  
Tel: 442 7754 / 442 7776 Fax: 442 7772  
Email: glorioso@kfshrc.edu.sa



## 1st Joint Conference: Saudi-International Colorectal Diseases Forum and St. Mark's Hospital "Quality of Care for Colorectal Patients"



Surgeons  
Gastroenterologists  
ET specialists  
Internists  
Pediatricians  
Obstetricians  
Gynecologists  
General Practitioners  
Nurses  
Allied Health

16-18 Mach 2014  
(15-17 Jumada Al Awal 1435)  
Four Seasons Hotel, Riyadh, Saudi Arabia

### For Registration and Information:

Raquel Glorioso-Rivera  
Department of Surgery (MBC-40)  
King Fahad Specialist Hospital & Research Centre  
PO Box 3354, Riyadh 11211, Saudi Arabia  
Tel: 442.7754 / Fax: 442.7772  
Email: sscsforum@gmail.com



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# COMPLICATIONS IN COLORECTAL SURGERY

SAUDI-INTERNATIONAL  
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FORUM

FOUR SEASONS HOTEL  
RIYADH, SAUDI ARABIA



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**24-26 MARCH 2019**  
17-19 RAJAB 1440

**27 MARCH 2019**  
20 RAJAB 1440

ENDORECTAL  
ULTRASOUND  
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Limited seats  
only

**30  
CME  
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Saudi Commission for Health Specialties



#### Audience:

Surgeons, Gastroenterologists, ET Specialists,  
Nurses, General Practitioners, Allied Health

**For Registration & Information:** Department of Surgery (MBC 40),  
King Faisal Specialist Hospital & Research Centre  
P.O. Box 3354, Riyadh 11211, Saudi Arabia

**Whatsapp:** 0532082241 / **Email:** sscrsforum@gmail.com





# Disclosure

Nil





# Colorectal Lymphoma

**Dr. Alaa Abduljabbar**

Deputy Chairman, Department of Surgery

Consultant Colorectal Surgeon

Director, Colorectal Surgery Fellowship Training Program

Professor, College of Medicine at Alfaisal University

President, Saudi Society of Colon and Rectal Surgery

King Faisal Specialist Hospital & Research Center

Riyadh , Saudi Arabia



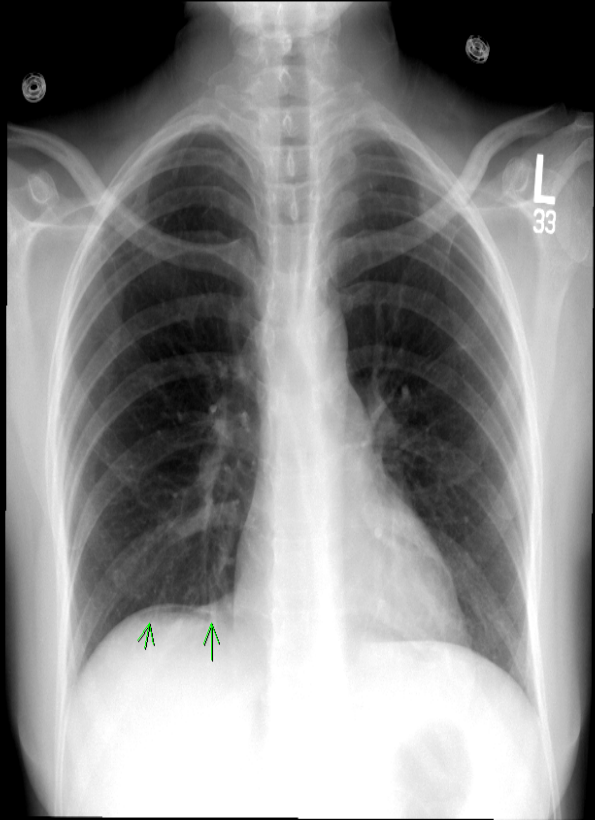
# Case Scenario(1)



Aug 2012

41-year-old **female** with cecal  
lymphoma on chemotherapy

Acute abdomen







# Case Scenario(2)



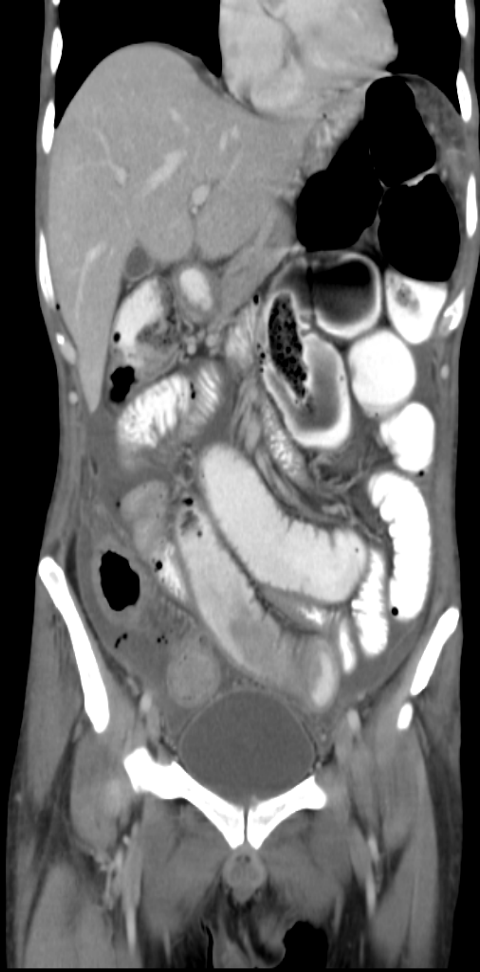
Aug 2013

38-year-old **male** with cecal lymphoma  
on chemotherapy presented

Acute abdomen









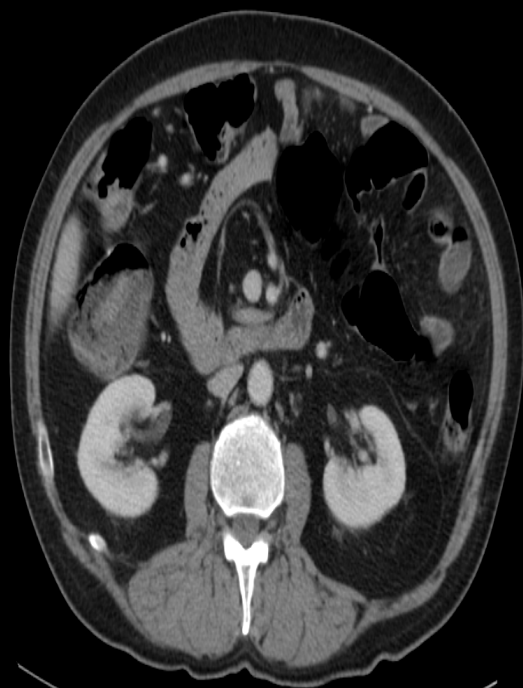
# Case Scenario(3)



Nov 2013

69-year-old male with recurrent lymphoma received before chemo and radiation to the neck 2007

Referred because of ileocecal mass with symptoms of partial obstruction







# Colorectal Lymphoma





# Outline

Introduction

Incidence

Types

Etiology

Presentation

Diagnosis

management

Prognosis

Conclusion

Recommendation



# Outline

Introduction

Types

Etiology

Presentation

Diagnosis

management

Prognosis

Conclusion

Recommendation



# Introduction



Thomas Hodgkin was the first to introduce lymphomas into medical science in 1832

Dawson et al established criteria for the diagnosis of Colorectal Lymphoma in 1961

Quayle FJ et al. Clin Colon Rectal Surg 2006, Wonm MT et al. Colorectal Dis 2006, Dionigi G et al. Surg Oncol 2007, Stanojevic GZ et al. World J Gastrointest Oncol 2011, Beaton C et al. Int J Colorectal Dis 2012



# Outline

Introduction

Incidence

Types

Etiology

Presentation

Diagnosis

management

Prognosis

Conclusion

Recommendation



# Incidence

It is an infrequent disease and with a growing incidence

The incidence is rare, 10-20% of GI lymphoma and only 0.2-0.6% of colorectal malignancies

Quayle FJ et al. Clin Colon Rectal Surg 2006, Wonm MT et al. Colorectal Dis 2006, Dionigi G et al. Surg Oncol 2007, Stanojevic GZ et al. World J Gastrointest Oncol 2011, Beaton C et al. Int J Colorectal Dis 2012





# Incidence

The cecum is the most frequent location 57%  
due to the larger lymphoid tissue

Ascending colon 18%

Transverse and recto-sigmoid colon 10%

Descending colon 5%

Quayle FJ et al. Clin Colon Rectal Surg 2006, Wonm MT et al. Colorectal Dis 2006, Dionigi G et al. Surg Oncol 2007, Stanojevic GZ et al. World J Gastrointest Oncol 2011, Beaton C et al. Int J Colorectal Dis 2012



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"Well...another tail, another happy ending."



# Outline

Introduction

Types

Etiology

Presentation

Diagnosis

management

Prognosis

Conclusion

Recommendation





# Types

The histology is usually B cell of intermediate grade

T cell or MALT

Quayle FJ et al. Clin Colon Rectal Surg 2006, Wonm MT et al. Colorectal Dis 2006, Dionigi G et al. Surg Oncol 2007, Stanojevic GZ et al. World J Gastrointest Oncol 2011, Beaton C et al. Int J Colorectal Dis 2012



# Outline

Introduction

Types

**Etiology**

Presentation

Diagnosis

management

Prognosis

Conclusion

Recommendation



# Etiology

Unknown

However, high frequency observed in immunosuppression such as IBD(MUC, cronhs), HIV infection or following organ transplantation

Although a direct causal link has to be established

Quayle FJ et al. Clin Colon Rectal Surg 2006, Wonm MT et al. Colorectal Dis 2006, Dionigi G et al. Surg Oncol 2007, Stanojevic GZ et al. World J Gastrointest Oncol 2011, Beaton C et al. Int J Colorectal Dis 2012





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# BEAT COLORECTAL CANCER

## COLORECTAL AWARENESS DAY



MARCH 28, 2019  
9:00 AM-2:00 PM



NORTH TOWER  
LOBBY



# Outline

Introduction

Types

Etiology

Presentation

Diagnosis

management

Prognosis

Conclusion

Recommendation

# Presentation



The mean age at diagnosis is 55 years

Men are affected twice as often as women

Patients often present delayed with nonspecific symptoms and have advanced disease at time of diagnosis

Quayle FJ et al. Clin Colon Rectal Surg 2006, Wonm MT et al. Colorectal Dis 2006, Dionigi G et al. Surg Oncol 2007, Stanojevic GZ et al. World J Gastrointest Oncol 2011, Beaton C et al. Int J Colorectal Dis 2012



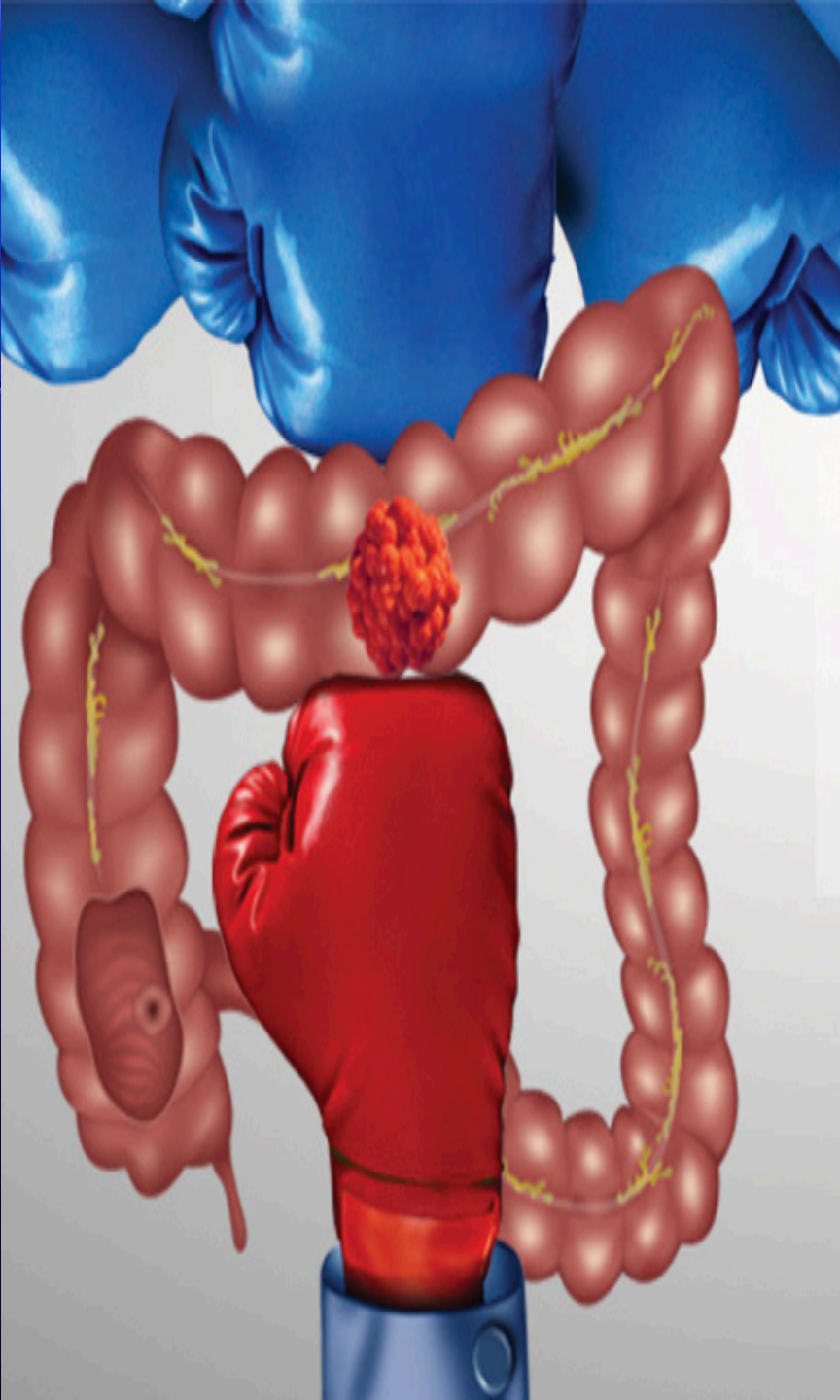
# Presentation



The most common presentation is weight loss and abdominal pain

The diagnosis requires a high index of suspicion

Quayle FJ et al. Clin Colon Rectal Surg 2006, Wonm MT et al. Colorectal Dis 2006, Dionigi G et al. Surg Oncol 2007, Stanojevic GZ et al. World J Gastrointest Oncol 2011, Beaton C et al. Int J Colorectal Dis 2012



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# تغلب على سرطان القولون والمستقيم

اليوم التوعوي لسرطان القولون والمستقيم



مارس ٢٠١٩, ٢٨

٩:٠٠ صباحاً - ٢:٠٠ مساءً



بهو البرج الشمالي



# Outline

Introduction

Types

Etiology

Presentation

Diagnosis

management

Prognosis

Conclusion

Recommendation





# Diagnosis

The diagnosis requires a high index of suspicion

Colonoscopy is very valuable

Barium enema(DCBE) can be useful

CT scan is the recommended

PET is helpful in diagnosis and follow up

Quayle FJ et al. Clin Colon Rectal Surg 2006, Wonm MT et al. Colorectal Dis 2006, Dionigi G et al. Surg Oncol 2007, Stanojevic GZ et al. World J Gastrointest Oncol 2011, Beaton C et al. Int J Colorectal Dis 2012



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Types

Etiology

Presentation

Diagnosis

Management

Prognosis

Conclusion

Recommendation

# Management



The optimal management of colorectal lymphoma has never been determined by randomized trials

Most likely because of the low incidence of the disease

Quayle FJ et al. Clin Colon Rectal Surg 2006, Wonm MT et al. Colorectal Dis 2006, Dionigi G et al. Surg Oncol 2007, Stanojevic GZ et al. World J Gastrointest Oncol 2011, Beaton C et al. Int J Colorectal Dis 2012



# Management



Chemotherapy remains the primary therapeutic modality for most colorectal lymphoma

Treatment often involves a multimodality approach, combining surgery and chemotherapy, with the use of radiotherapy in selected cases

Quayle FJ et al. Clin Colon Rectal Surg 2006, Wonm MT et al. Colorectal Dis 2006, Dionigi G et al. Surg Oncol 2007, Stanojevic GZ et al. World J Gastrointest Oncol 2011, Beaton C et al. Int J Colorectal Dis 2012



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Introduction

Types

Etiology

Presentation

Diagnosis

management

Prognosis

Conclusion

Recommendation

# Prognosis



The average survival rate at 5 years is between 32.4% and 55% of patients

Quayle FJ et al. Clin Colon Rectal Surg 2006, Wonm MT et al. Colorectal Dis 2006, Dionigi G et al. Surg Oncol 2007, Stanojevic GZ et al. World J Gastrointest Oncol 2011, Beaton C et al. Int J Colorectal Dis 2012







National Comprehensive  
Cancer Network®

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

# **B-Cell Lymphomas**

Version 4.2019 — June 18, 2019



# Outline

Introduction

Types

Etiology

Presentation

Diagnosis

management

Prognosis

Conclusion

Recommendation





# Conclusion

Lymphoma :  
Is There Any Surgical  
Indication !?!



# Conclusion

Surgery should be reserved for those with  
clinical indication

( hemorrhage, obstruction or perforation )



# Outline

Introduction

Types

Etiology

Presentation

Diagnosis

management

Prognosis

Conclusion

Recommendation





# Recommendation

Classification and staging should be standardized to enable accurate evaluation of investigations and treatment and a large RCT undertaken to compare chemotherapy and surgery



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# Saudi Colorectal Diseases Forum 22 – 26 March 2020





