



Pelvic Exenteration in Rectal Cancer

Boundaries of Resection

By

Ali Zedan

MD, MRCS

Professor of surgical oncology

South Egypt Cancer Institute

Assuit University

Impact of nutritional status and body composition on postoperative outcomes after pelvic exenteration for locally advanced and locally recurrent rectal cancer

Jan M. van Rees ^{1,*}, Eva Visser¹, Jeroen L. A. van Vugt ², Joost Rothbarth¹, Cornelis Verhoef¹ and Victorien M. T. van Verschuer¹

- 10 per cent LARC & 4–8 per cent (LRR) after (TME)
- TPE and PPE are major procedures.

Pelvic exenteration for colorectal cancer: oncologic outcome in 59 patients at a single institution

- Pelvic exenteration (PE) was first described by Brunschwig in 1948 as “the **most radical** surgical attack so far described for pelvic cancer.”
- morbidity (49%) and mortality 23% (3%)
- PE continues to be the **only curative gold standard** treatment for advanced or recurrent pelvic cancer.
- The experience with this operation for **other malignant** pelvic tumors
- **Butcher and Spjut** in 1959.

World J Surg (2009) 33:1502–1508

DOI 10.1007/s00268-009-0066-7

The logo for the World Journal of Surgery, featuring the text "World Journal of Surgery" in a serif font, with a globe graphic behind the words "Journal" and "Surgery".

World Journal
of Surgery

Total Pelvic Exenteration for Primary and Recurrent Malignancies

**F. T. J. Ferenschild · M. Vermaas · C. Verhoef ·
A. C. Ansink · W. J. Kirkels · A. M. M. Eggermont ·
J. H. W. de Wilt**



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Asian Journal of Surgery

journal homepage: www.e-asianjournalsurgery.com



Letter to Editor

Laparoscopic total pelvic exenteration after neoadjuvant chemoradiotherapy for locally advanced rectal cancer



- Surgical treatment after neoadjuvant chemoradiotherapy
- Laparoscopic total pelvic exenteration requires understanding of pelvic anatomy.



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REVIEW

Surgical treatment of extraluminal pelvic recurrence from rectal cancer: Oncological management and resection techniques

- LR Suboptimal surgery (non-TME)
- Late stage-asymptomatic
- MRI and PET-scan
- Without curative tt No survival
- **Only 50 %---5-year %30to40%...**
- Careful selection-



Pelvic exenteration for colorectal and non-colorectal cancer: a comparison of perioperative and oncological outcome

Andreas Bogner¹  • Johannes Fritzmann¹ • Benjamin Müssle¹ • Johannes Huber² • Jakob Dobroschke³ • Ulrich Bork¹ • Steffen Wolk¹ • Marius Distler¹ • Jürgen Weitz¹ • Thilo Welsch¹ • Christoph Kahlert¹

- Despite an acceptable mortality rate (~2–5%), complication rates up to 86%
- longer hospitalization, rehabilitation
- Ro resection, positive nodal status and positive resection margins , **liver and lung**
- **Radical** as necessary while **preserving** as much function and tissue as possible.
- Experienced surgeons 80% of cases in primary, 40-70% recurrent

Original Research

Outcomes of pelvic exenteration for recurrent and primary locally advanced rectal cancer



Matteo Rottoli*, Carlo Vallicelli, Luca Boschi, Gilberto Poggioli

Surgery of the Alimentary Tract, Sant'Orsola - Malpighi Hospital, Alma Mater Studiorum University of Bologna, Bologna, Italy

- Brintnall-1950
- worse RRC
- Ro resections
- preoperative chemoradiation for
- locally recurrent rectal cancer previously irradiated



Cairo University

Journal of the Egyptian National Cancer Institute

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Full Length Article

Pelvic exenteration and composite sacral resection in the surgical treatment of locally recurrent rectal cancer



- Abdominosacral resection Tokyo
- Extended pelvic resection as pelvic exenteration and sacral resection for locally recurrent rectal cancer are effective procedures
- with tolerable mortality rate and acceptable outcome.



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Original Research

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- Mortality varies between 0 to 14%
- R1/R2 23month

Review

J Korean Soc Coloproctol 2012;28(6):286-293
<http://dx.doi.org/10.3393/jksc.2012.28.6.286>

Journal of the Korean Society of
Coloproctology

pISSN 2093-7822 eISSN 2093-7830
www.coloproctol.org

Pelvic Exenteration: Surgical Approaches


Jin Kim

Division of Colorectal Surgery, Department of Surgery, Korea University College of Medicine, Seoul, Korea

- CLASSIFICATION OF RECURRENCE PATTERNS
- contraindicate

THE LAST IMAGE

Pelvic exenteration with en bloc resection of the pelvic sidewall and intraoperative electron beam radiotherapy with Mobetron[®] for locally advanced rectal cancer

K. Rangarajan¹  · R. Bhome¹ · N. Bateman^{2,7} · A. Naga^{3,7} · M. Simon^{4,7} ·
K. Donovan^{5,7} · J. Smith^{6,7} · A. H. Mirnezami^{1,7}



cancers

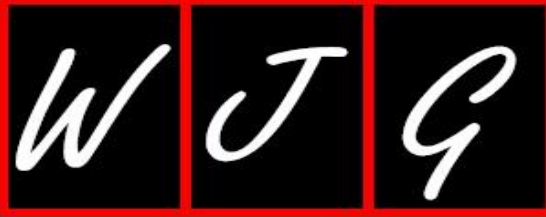


Article

Total Pelvic Exenteration, Cytoreductive Surgery, and Hyperthermic Intraperitoneal Chemotherapy for Rectal Cancer with Associate Peritoneal Metastases: Surgical Strategies to Optimize Safety

Jean-Jacques Tuech ^{1,*}, Jean Pinson ¹, François-Xavier Nouhaud ², Gregory Wood ³, Thomas Clavier ³, Jean-Christophe Sabourin ⁴, Frederic Di Fiore ⁵, Matthieu Monge ¹, Eloïse Papet ¹ and Julien Coget ¹

- Pelvis exenteration associated with CRS/HIPEC may be a reasonable procedure in selected patients at expert centers
- Pelvic involvement should not be considered a definitive contraindication for CRS/HIPEC if a Reresection could be achieve
- empty pelvissyndrome.



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DOI: 10.3748/wjg.v22.i2.718

World J Gastroenterol 2016 January 14; 22(2): 718-726
ISSN 1007-9327 (print) ISSN 2219-2840 (online)
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TOPIC HIGHLIGHT

2016 Laparoscopic Surgery: Global view

Technical feasibility of laparoscopic extended surgery beyond total mesorectal excision for primary or recurrent rectal cancer

Takashi Akiyoshi

- laparoscopic surgery was **not inferior** to open surgery,
- Lateral pelvic lymph node (LPLN) metastasis **15% 20%**



*World Journal of
Gastroenterology*

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World J Gastroenterol 2017 June 21; 23(23): 4170-4180

DOI: 10.3748/wjg.v23.i23.4170

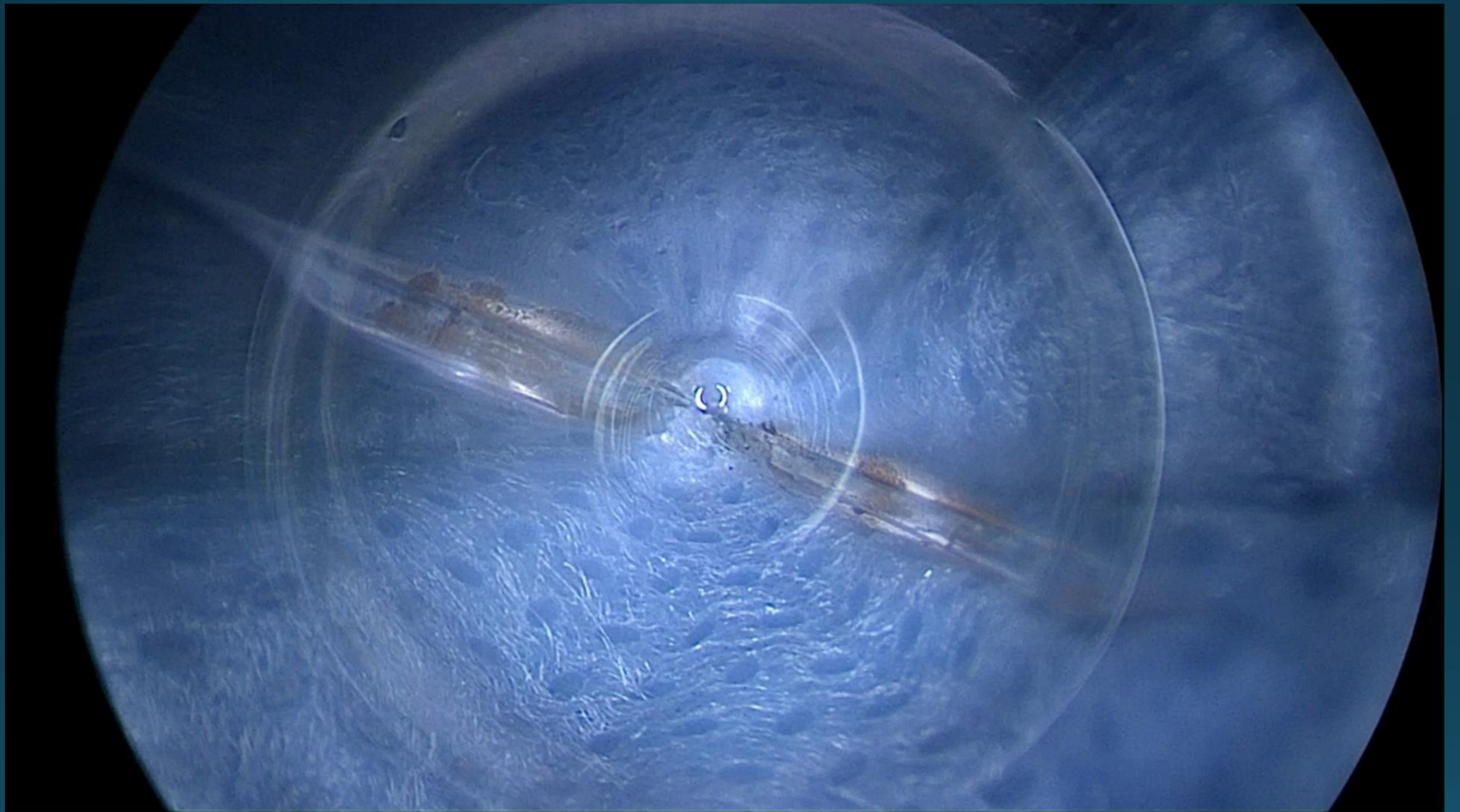
ISSN 1007-9327 (print) ISSN 2219-2840 (online)

MINIREVIEWS

Advances in surgical management for locally recurrent rectal cancer: How far have we come?

Daniel Jin-Keat Lee, Peter M Sagar, Gaitri Sadadcharam, Kok-Yang Tan

- Central recurrences have the most favourable prognosis.
- ultra-radical resection anterior pubic bones .
- sciatic nerve. Vascular reconstruction,
- “one-size-fits-all”



Thank You