Surgery for local recurrence of rectal carcinoma.

PURPOSE: This study was designed to evaluate results, especially mortality and morbidity, of surgical resection with curative intent for patients with a local recurrence of rectal cancer, in combination with radiotherapy.

METHODS: Consecutive medical records of 163 patients with local recurrence of rectal carcinoma after previous “curative” therapy for primary rectal cancer were reviewed. Although 35 patients had an exploratory laparotomy, only 27 had local recurrence amendable to resection (6 irresectable locoregional recurrences and 2 distant metastases found at laparotomy). Twenty-one patients received radiotherapy. There was no perioperative mortality. Median follow-up time was 42 (range, 22-92) months.

RESULTS: Local rerecurrence occurred in 16 (59 percent) patients. Ten patients are alive, of whom nine have good local control. Estimated five-year survival (Kaplan-Meier) is 20 percent. Survival was significantly better in patients without a second recurrence, but radicality of the resection was not influential. Good local control could be obtained in 12 (44 percent) patients, and 1 patient is living with symptoms.

CONCLUSIONS: In selected patients with local recurrence of rectal carcinoma, reoperation with irradiation may result in good palliation and possibly cure.

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