Laparoscopic low versus high anterior resection for rectal cancer

Hiroya Kuroyanagi · Takashi Akiyoshi · Masatoshi Oya ·
Yoshiya Fujimoto · Masashi Ueno · Toshiharu Yamaguchi ·
Tetsuichiro Muto

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I thank Dr. Hanisch and colleagues for their interest in my article. They questioned my statement: “The authors used strict selection criteria, for example, 6 cm distance of tumor from anal verge, and thus pathological examination of the specimens showed no positive margins. For less than 6 cm distance of tumor from anal verge at preoperative colonoscopy, what was or is the strategy? Open low anterior resection or abdominoperineal rectal excision?” However, in our article, we did not describe 6 cm distance of a tumor from the anal verge as one of our criteria for laparoscopic surgery.

One of our criteria for laparoscopic rectal surgery is that the tumor must have a diameter of less than 6 cm, as mentioned in the article. We do not exclude a tumor for laparoscopic surgery only because of its location. In fact, 45 of 61 patients undergoing laparoscopic surgery for lower rectal cancer located within 75 mm of the anal verge

(group B) had a tumor less than 6 cm from the anal verge. Furthermore, during the same period as this study, 37 patients underwent laparoscopic rectal resection for a tumor located within 6 cm from the anal verge without a double-stapling reconstruction technique. These procedures consisted of 14 abdominoperineal resections and 23 intersphincteric resections.

Although we adopt strict selection criteria regarding tumor conditions (e.g., “not bulky” or “not invading to the adjacent organs”), we do not think that tumor location is a big obstacle for laparoscopic rectal surgery. On the contrary, our idea is that the laparoscope can be of great help in the resection of such lower rectal lesions.

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H. Kuroyanagi (✉) · T. Akiyoshi · M. Oya · Y. Fujimoto ·
M. Ueno · T. Yamaguchi · T. Muto
Gastroenterological Center, Department of Gastroenterological
Surgery, Cancer Institute Hospital, Japanese Foundation
for Cancer Research, 3-10-6 Ariake, Koto-ku,
Tokyo 135-8550, Japan
e-mail: hiroya.kuroyanagi@jfc.or.jp