Staying on target

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Dear Sir,

We read with great interest the paper by Kipling et al. [1] regarding laparoscopic extralevator abdominoperineal excision (EL-APE) of the rectum. Although we commend the authors' intention to study the use of laparoscopy with regard to EL-APE, we feel compelled to note that the study fails to add anything novel to the existing literature. It is known to the well-informed reader that laparoscopic non-EL-APE does not decrease the rate of involved circumferential resection margin (CRM) [2]. In fact, in Kipling et al.'s study, 11 % of patients had a CRM of less than 1 mm and 14 % of patients a CRM of 1–2 mm. Moreover, it is unclear in the methods whether the dissection around the cancer was carried out laparoscopically or from the perineum, and regrettably, the size of the tumor was not reported. Emerging evidence has suggested that robotic APE resulted in a greater CRM when compared to the laparoscopic or open counterpart in matched cases by the same surgeon [3].

Upon detailed inspection, it should be pointed out that the authors included patients with T2 rectal cancer in this study, which appears to be over treating these patients since by definition T2 rectal cancer does not [4] involve the anal sphincters—perhaps an intersphincteric resection (ISR) should have been considered.

While the last word on EL-APE will be awaiting the completion of the REAPE multicenter trial [5], it should be underscored that although a laparoscopic approach affords a faster recovery time, the primary goal of improving CRM should reign supreme.

Conflict of interest None.

References

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