A 64-year-old man underwent low anterior resection for advanced lower rectal cancer in a previous hospital. The patient underwent chemoradiotherapy (5-fluorouracil + leucovorin plus 60 Gy radiation) for a local recurrence in the pelvis 1.5 years after the surgery. However, 1.5 years after the chemoradiotherapy, follow-up colonoscopy revealed a re-occurrence tumor on the anastomotic site, which proved to be adenocarcinoma by endoscopic biopsy. The patient was referred to our division. Magnetic resonance imaging showed a re-recurrent tumor on the anastomotic site, measuring 30 mm in diameter (arrow), and an irregular fibrous area in front of the sacrum (arrowhead) which might be affected by the previous rectal surgery and chemoradiation (Fig. 1). Computed tomography and positron emission tomography scans showed no distant metastasis. On the diagnosis of local recurrence of rectal cancer, we performed total pelvic exenteration with distal sacrectomy (TPES), to eradicate the tumor with the fibrous tissue in front of the sacrum in an en bloc fashion. Histopathologically, surgical margin was negative for cancer, and severe fibrosis was observed in front of the sacrum (Fig. 2; a color version of this figure is available as supplementary data at http://www.jjco.oxfordjournals.org). The patient is doing well without recurrence 3 years after TPES.

Ryo Inada and Shin Fujita
Colorectal Surgery Division
National Cancer Center Hospital
Tokyo, Japan
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