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TAMIS: Minimally invasive approach in case of diagnostic doubt

Alexandra Maria Santos Soares, Borges S, Perez H and Gouveia A
Hospital Amato Lusitano, Portugal

The TAMIS technique is currently one of the most effective methods for resection of mid-inferior rectus lesions, namely large polyps not amenable to endoscopic removal, as well as in the case of early stage neoplasms in patients with significant comorbidities. We describe the case of a 71-year-old male sent to the surgery consultation due to a flat lesion of the distal 1/3 of the rectum occupying half of the lumen, not accessible to complete excision by endoscopy, whose biopsies revealed a villous adenoma with a low-grade dysplasia. During patient's evaluation there was disagreement between staging MRI, which revealed a malignant rectal neoplasm infiltrating the entire thickness of the rectal wall and multiple adenopathies (T3 long N2) and ano-rectal echo-endoscopy in which submucosal involvement was observed without apparent further infiltration (T1N0Mx). We chose resection of the lesion by TAMIS, delaying radical surgery if pathological anatomy confirms malignant neoplasia. Anatomopathological examination revealed a tubal reticular adenoma of the rectum, with focal high-grade dysplasia and free resection margins. The patient maintains follow-up without recurrences.

Biography

Soares A has completed her PhD from Beira Interior University, Portugal and Postdoctoral studies from Hospital Amato Lusitano-Castelo Branco. She is in the 3rd year Resident of General Surgery at Hospital Amato Lusitano.

xana_m_soares@hotmail.com

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