Ann Surg Oncol
https://doi.org/10.1245/s10434-024-16028-8

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

ORIGINAL ARTICLE – COLORECTAL CANCER

Simultaneous Robotic Sphincter-Preserving Rectal Resection and Prostatectomy for Rectal Gastrointestinal Stromal Tumor and Prostatic Cancer

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ABSTRACT

Background. Synchronous rectal and prostate malignancies are rare and standard treatment guidelines have not yet been established.[1-3] Combined robotic rectal and prostate surgery represents a potentially excellent approach for managing synchronous rectal and prostate malignancies, offering the advantages of a minimally invasive procedure.[4]

Methods. A 78-year-old male with a history of hypertension and type 2 diabetes presented with 3 months of dyschezia and dysuria. Diagnostic colonoscopy revealed a submucosal mass 3 cm from the anal verge in the anterior wall of the rectum, with abnormal carcinoembryonic antigen and prostate-specific antigen levels. Pelvic computed tomography (CT) indicated indistinct boundaries between the rectal mass and the prostate, suggesting potential invasion. CT-guided biopsies confirmed a rectal gastrointestinal stromal tumor (GIST) and prostatic acinar adenocarcinoma. After 3 months of neoadjuvant therapy with imatinib mesylate and bicalutamide, significant tumor reduction was achieved.[5] Subsequently, the patient underwent simultaneous robotic sphincter-preserving rectal resection and prostatectomy, starting with the prostatectomy, followed by rectal tumor excision and ending with bowel reconstruction and vesicourethral anastomosis using a running suture technique.

Results. The operation time was 220 min and the estimated blood loss was 50 mL. No surgical complications were encountered and all resected margins were free of tumor, indicating a complete excision. The patient recovered well and was discharged on the seventh postoperative day. Follow-up at 3 months showed no evidence of recurrence or functional impairments.

Conclusion. Simultaneous robotic sphincter-preserving local rectal resection and prostatectomy can be feasibly and safely performed following neoadjuvant therapy in cases of synchronous rectal GIST and prostate cancer.

First Received: 15 March 2024
Accepted: 29 July 2024

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Published online: 12 August 2024

SUPPLEMENTARY INFORMATION The online version contains supplementary material available at https://doi.org/10.1245/s10434-024-16028-8.

AUTHOR CONTRIBUTIONS HZ had full access to all of the study data and took responsibility for the integrity of the data and accuracy of the data analysis. Concept and design: HZ and MC. Acquisition, analysis, or interpretation of data: All authors. Drafting of the manuscript: All authors. Critical revision of the manuscript for important intellectual content: All authors. Supervision: HZ.

DISCLOSURES Anqi Wang, Anbang Wang, Xinyun Xu, Ming Chen, and Haiyang Zhou have reported no conflicts of interest that may be relevant to the contents of this article.

ETHICAL APPROVAL This study was approved by the Ethics Committee of Changzheng Hospital.

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