

A rare complication of laparoscopic low anterior resection: Colonic necrosis and prolapsus of it

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To the Editor,

Colorectal cancer (CRC) is one of the most common malignancies and the leading causes of cancer-related death world wide.^[1] Surgery is the corner stone of curative treatment for patients with resectable CRC.^[2] Laparoscopic-assisted surgery has been widely accepted as an alternative to conventional open surgery for CRC.^[3]

Colonoscopy was performed on a 57-year-old male patient with the complaint of stomachache and revealed a 10-cm mass beginning from the rectum. The biopsy results were indicative of adenocarcinoma. For surgical staging, thoracoabdominal computed tomography was undertaken. Since metastasis was not determined in this examination, the laparoscopic low anterior resection (LAR) procedure was applied. The patient was discharged within post-operative 10 days without any problem. However, eight days after the discharge, the patient was readmitted to the hospital due to anal drip and prolapse. There were no peritoneal irritation findings. The rectal examination revealed necrosis and prolapse of the colon segment (Fig. 1a and b). Laparotomy was performed and complete necrosis was observed covering a 12 cm area of the descending colon, and luminal continuity was provided by the surrounding organs and structures. The Hartmann procedure was performed on the patient and he was discharged on postoperative day 15.

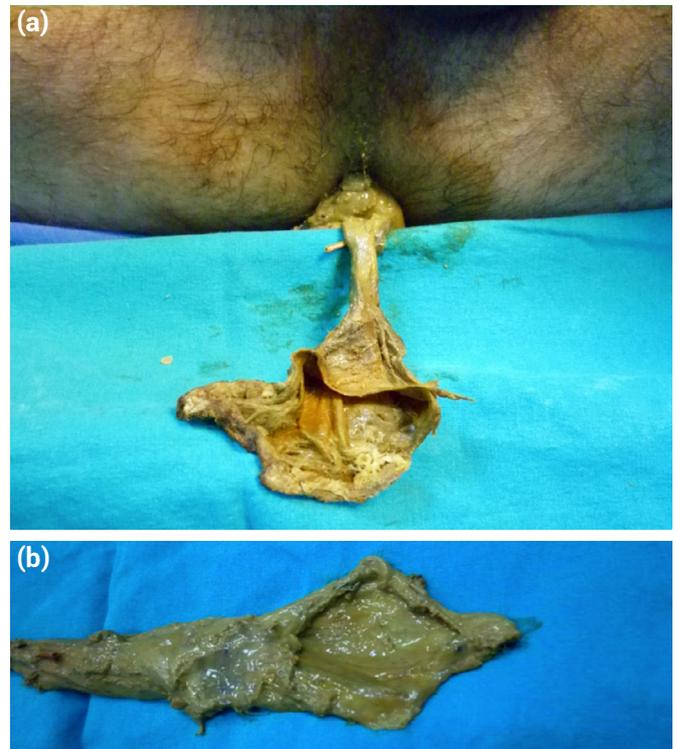


Figure 1. (a) Necrotic and prolapsed colon segment. (b) Necrotic colon segment.

Many complications may develop after laparoscopic LAR, such as intestinal obstruction, ischemic colitis, perianal abscess, wound infection, anastomotic leakage, anastomotic stricture, rectovaginal fistulas, rectovesical fistula, fecal incontinence, pneumonia, and strangulation of the



Received: 19.10.2018 Accepted: 01.11.2018

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intestine.^[4] However, to date, colonic necrosis and prolapse has not been reported in the literature as a complication after laparoscopic rectal surgery. We presented this rare case to attract surgeons' attention to the possibility of this complication after LAR.

Disclosures

Peer-review: Externally peer-reviewed.

Conflict of Interest: None declared.

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