TRANSANAL MINIMAL INVASIVE SURGERY (TAMIS) WITH LAPAROSCOPIC CONTROL: A SAFE APPROACH FOR HIGH RECTAL POLIPECTOMY

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Objectives
Transanal minimal invasive surgery (TAMIS) is an emergent technique that reduces complications related to traditional surgical techniques used for the treatment of low and medium rectal lesions. Initially reserved only for benign lesions, today many studies have shown its effectiveness even for in situ or T1 cancer, in absence of loco-regional lymphadenopathy identified by preoperative assessment. One of the limits of this procedure is the distance of the lesion from the anal margin. In fact, numerous studies have shown the feasibility of this technique only for lesions at less than 10 cm from the anal verge, for technical difficulties and for the higher rate of complications such as intraperitoneal visceral perforation(1,2,3). We present a clinical case in which TAMIS was performed to remove a benign 2 cm rectal polyp, at 12 cm from the anal verge, with laparoscopic monitoring.

Methods
TAMIS was performed on a 62 year old woman, known for a previous rectal endoscopic polypectomy in 2013, in which a bulky rectal polyp of about 2 cm in diameter was found at 12 cm from the anal verge, confirmed by rigid rectoscopy, non-susceptible of endoscopic resection. For this reason we have chosen a transanal resection approach with laparoscopic monitoring, using a three-trocar access. The mobilization of the sigmoid colon was necessary, due to the presence of adhesions and a string around the sigma was placed to avoid the passage of carbon dioxide into the remnant colon. The polyp was excised using a monopolar hook. With this technique we were able to obtain a complete transmural removal “en-bloc” of the lesion, without peritoneum opening. The rectal wall was directly closed with a transanal suture with the use of V-lock 3-0.

Results
The patient had an uncomplicated postoperative course and the histological examination showed a benign pedunculated adenoma with high grade of dysplasia/adenocarcinoma in situ and free margins.

Conclusions
TAMIS is a new and safe procedure, for the relative ease of implementation and less complications related to it, also for high rectal polyps, when the lesion is still identifiable with a rigid endoscopy(4,5). However, the distance of the lesion from the anal verge can make this a more complex and riskier procedure. For this reason, for lesions over 10 cm from the anal verge, we recommend the use of laparoscopic surveillance

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