

Long-term anorectal function after postoperative chemoradiotherapy in high-risk rectal cancer patients

Marco Lupattelli¹, Francesca Mascioni¹, Rita Bellavita¹, Lorena Draghini¹, Roberto Tarducci², Paolo Castagnoli³, Giuseppe Russo⁴, and Cynthia Aristei¹

¹Radiation Oncology Centre, ²Medical Physics, ³Surgery Division, and ⁴Department of Gastroenterology, University and Hospital of Perugia, Perugia, Italy

ABSTRACT

Aims and background. After sphincter-preserving surgery for rectal cancer and postoperative radiochemotherapy, many patients have unsatisfactory anorectal functional results which are not considered by the most common toxicity scales. The aim of the present study was to retrospectively assess the long-term incidence of impaired anorectal function in rectal cancer patients who underwent anterior resection and postoperative radiochemotherapy.

Methods. Ninety-nine patients who underwent sphincter-saving surgery and postoperative radiochemotherapy for stage II-III rectal cancer from July 1991 to January 2002 were given a questionnaire on anorectal function. Postoperative incontinence was evaluated according to a scale proposed by Jorge and Wexner. Factors influencing anorectal function were examined.

Results. The median follow-up from surgery was 10 years. Ten (10.1%) patients reported ≥ 5 bowel movements per day and 26 (26.3%) experienced clustering. The median frequency of bowel movements per 24 h was 2 (range, 1-10). Stool fragmentation was recorded in 56 (56.6%) cases, and 36 (36.4%) patients experienced urgency to defecate with inability to delay defecation for more than 15 min. The mean continence score was 4.91 (median 1, range 0-18). Incontinence to flatus, liquid and solid stools was reported at least once a week in 24 (24.2%), 11 (11.1%) and 5 (5.1%) patients, respectively. According to the study criteria, 61% of patients had good functional results. None of the variables analyzed showed a significant correlation with functional outcome.

Conclusions. Although retrospective, the present study included a large selected series that had undergone uniform adjuvant treatment and was followed for a median of 10 years. Our data demonstrated that 39% of patients did not have good functional results and suffered some degree of urgency, increased frequency and occasional incontinence even many years after the surgery. Anorectal function assessment should enter routinely in clinical practice and should have importance in the therapeutic decisions. **Free full text available at www.tumorionline.it**

Key words: anorectal function, postoperative radiochemotherapy, rectal cancer, sphincter-saving surgery.

Correspondence to: Francesca Mascioni, Località Serripola 37, 62027 San Severino Marche (MC), Italy.
Tel +39-0733-2572925;
fax +39-0733-2572928;
e-mail francesca.mascioni@yahoo.it

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