Lettre à la rédaction

Extrafascial excision of the rectum or total mesorectal excision?

Résection extrafasciale du rectum ou excision mésorectale totale ? Etude anatomochirurgicale

We read with interest the paper by Giuly, Nguyen-Cat and François [1] in the March 2004 issue of the Annales and write to congratulate the authors on clarifying an important issue in the surgical treatment of rectal cancer. We fully support the concept of anatomical dissection of the rectum based on tissue planes, which were clearly described well over 100 years ago [2]. Unfortunately this description in the French literature has been overlooked and new, but incorrect, terminology has replaced the original and precise description [3].

It is important for surgeons not to be confused by the concept that all patients with rectal cancer need to have an excision which includes complete removal of the perirectal fat or “mesorectum”, as it is sometimes incorrectly named. Our data [4] fully support anatomical dissection, rather than the total excision of the mesorectum as initially advocated by Heald et al. [3]. Furthermore, it should be stressed that this principle is equally important when mobilising the colon prior to a resection for colon cancer [5].

We agree with the authors that the phrase “total mesorectal excision” (TME) is confusing. A better term would be either “extrafascial dissection” [6] or “total anatomical dissection”, a phrase which we introduced in 1999 [4]. The emphasis must be to promote careful, sharp dissection along anatomical planes without disturbing the perirectal fascia [7] originally described by Jonnesco in 1892 in the definitive anatomical treatise of Poirier and Charpy.

References


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