
INTRODUCTION

The rectum is one of the most frequent sites of neoplasm in the gastrointestinal tract (about 35%), Colo-rectal cancer is one of the most common cancers all over the world, more than two third of cases occur in economically developed countries, it is considered the third in frequency after non-melanocytic skin cancers and lung cancer in male and non-melanocytic skin cancer and breast cancer in females, it is also the fourth leading cause of cancer mortality as it has a better prognosis than other cancers (**Parkin, et.al, 1997**).

Both the prevalence and rectal distribution of adenoma is very similar to that of carcinoma, so in about one third of all surgical specimens resected for rectal carcinoma, synchronous adenoma will be found (**Abulafi & Williams , et. al, 1994**).

Almost all adenoma are pre-malignant with a rare exceptions with a great tendency if the polyp > 1 cm. In diameter, larger in size and sessile rather than pedunculated, About 90% of cases of rectal neoplasm can be detected by digital rectal examination (**Russell& Williams, 2004**).

About 20% of cases of colo-rectal neoplasm can be early detected and screened by sigmoidoscopy and colonoscopy. most cases are simple localized polyps which can be removed by

endoscopic techniques or localized surgery and sometimes major surgery is required (**Pisani, et. al, 1993**).

70% of patients with rectal cancer present with apparently localized disease, surgery can be curative but relapses after complete resection are frequent (**Van Custem, et.al, 2001**).

Treatment and surgical techniques for rectal cancer patients have rapidly changed over the last two decades in order to improve the therapeutic outcome, Other methods were made to improve the functional results and quality of life by low anterior resection instead of abdominoperineal resection by the use of stapling techniques, Many trials including adjuvant chemotherapy, neo-adjuvant chemotherapy, pre-operative radiotherapy and immunotherapy have rapidly developed with the aim of decreasing the recurrence rate and increase the survival of the patient (**Oshima, et. al. 2001**)

AIM OF THE ESSAY

The aim of the essay is to throw some light on the recent trends in the management of rectal neoplasm and to evaluate the different current available techniques for reaching the optimal quality of life for the patient.