## **SUMMARY**

Rectal carcinoma is one of common malignant tumor in developed and developing countries as well.

Risk factors includes polyposis syndrome, inflammatory bowel diseases and dietary imbalance between fat, protein and fibers.

Genetic influence probably is important in altering susceptability to environmental factors.

Transrectal ultrasound is used as an accepted method for staging rectal carcinoma. It has the ability to differentiate the separate layers of the rectal wall, thus determine the depth of tumor invasion.

This allow proper staging and aids surgeons in selecting patients undergoing local excision. Which provides satisfactory control for  $T_1$  and  $T_2$  tumors. While  $T_3$  patients undergo more radical surgery.

TRUS is excellent method to detect tumor invasion to anal sphincter.

Many studies demonstrate that TRUS is superior to CT as it is more accurate as regards sensitivity and specificity of tumor

staging and lymph nodes prediction, ahs no hazards and ionizing radiation.

Although many studies compared TRUS with MRI demonstrate that MRI is more accurate and superior to TRUS as regard distend metastasis and able to give multiplaner image. However, TRUS is more available, cheaper, less time consuming and gives satisfactory results as regard to proper evaluation or post operative follow up.