

## Summary and conclusion

Early cancer rectum is defined as an invasive tumour limited to the mucosa or submucosa, while this can be classified as ducks stage A. In Japan early invasive carcinoma has been classified into, protruding type and sperficial type.

Histologically the lesions were grouped into, well- differentiated, differentiated and poorly differentiated adenocarcinoma, mucinous carcinoma and signet-ring cell carcinoma a corrding to the predominant histology within the tumour .

Tumors of the rectum spread firstly within the bowel wall then locally to the surrounding structures, lymphatic, haemotogenous spread, ovarian metastases and implantation .

Diagnosis of cancer rectum include :

### 1-Clinical features:-

\*Symptoms: visible bleeding per rectum, disturbance of bowel habit, pair, obstruction and perforation .

\*Examination :

a)General :-state of nutrition, signs of dehydration, a naemia, jaundice and lymph node metastasis.

b)Abdominal: presence of mass, abdominal obstruction, nodular liver and malignant acsites .

c-Per rectal examination for detection of cancer rectum.

### 2-Investigations:

\*Laboratory: Occult blood in stool, and tumour markers.

\*Endoscopic: These include proctoscopy, flexible fibroptic sigmoidoscope and colonoscope .

\*Radiological: These include Barium enema, Endoluminal ultrasonography, computed tomography and Magnetic Resonance Imaging

Treatment of early cancer rectum include.

1-Local treatment which includes:

- \*Palliative local excision which includes endoscopic transanal resection, electro-coagulation, cryotherapy, laser and photodynamic therapy and endocavitary contact irradiation.
- \*Curative local excision which includes trans-sphincteric excision and transanal endoscopic microsurgery.

2-Surgical treatment which includes:

- \*Sphincter saving techniques which include anterior resection with colorectal anastomosis and the pull-through techniques.
- \*Rectal excision which includes abdominoperineal resection and perineal excision.

3-Adjuvant therapy which includes radiotherapy and chemotherapy

Prognosis: the overall 5-year survival rate for patients with rectal carcinoma limited to the mucosa or submucosa is 97.6 percent ; the 5-year survival rate with positive lymph nodes associated with an early rectal lesion is 56 percent .