SUMMARY

Cancer rectum is one of the most common causes of cancer mortality allover the world.

In Egypt rectal cancer constitutes about 2.3% from all cancers and about 20% from digestive cancers.

Between *(May 1997 and April 2000)* in surgery department, Benha University Hospitals with contribution of diagnostic radiology & pathology departments, we evaluate staging of rectal cancer by TRUS. A total of (45) patients with histopathologically proven carcinoma of the rectum were available for the study (24) of them (53.28%) were men and (21) (46.62%) were women. The mean age for all patients was (39.4) years. The middle third was the commonest site to be involved (48.84%) followed by the lower third in (33.3%). Then the upper third in (17.76%) of the patients in our study.

Risk factors include polyposis syndrome, inflammatory bowel diseases, dietary imbalance between fat, protein and febers.

Early diagnosis depends

The most common presenting symptom was alteration in bowel habits in (68.82%) of the patients, followed by Abdominal pain and colic in (53.28%) of cases then bleeding per rectum in (42.18%) of patients.

All patients in this study were examined by real time ultrasonography sanning of the abdomen and pelvis, and by TRUS, we apply the scanning findings to the clinicopathological staging system TNM done by *the international union againist cancer (UICC, 1988)*

Within one week from the pre-operative clinicopathological staging. Surgical exploration was done for every patients included in our

study out of the (45) patients only (5) of them had irresectable tumours and palliative colostomy was done for them and Multiple biopsies were taken from different sites. For (40) patients had resectable tumours the proper surgical treatment was done for every patient. Histopathological examinations was done for the resected bloc from resectable tumours and Multiple biopsies from the irresectable tumours. All the results are applied to the post- operative histopathological staging system *TNM* done by *international union aginist cancer.* *(UICC 1988).*

As regards local staging, *TRUS* proved to be a very accurate tool in evaluating both the depth of wall invasion and the degree of nodal metastases. Its accuracy in detecting the depth of wall invasion was (82.9%), while its accuracy in detecting nodal affection was (85.7%).

Based on our results of our study, *TRUS* showed to be an effective tool in staging and evaluating of rectal cancer.

RECOMMEDATION :

- The age specific incidence of rectal cancer in our study was predominantly in the 4th decade with a mean age at (39.4 ys.)

- The lower third was the commonest site to be involved in rectal cancer in this study.

- There is some tenuous evidence that schistosomal infection increases the risk of colorectal cancer.

- Risk factors include polyposis syndrome, inflammatory bowel disease, dietray imbalance between fat, protein and fibers.

- Abdominal examination of the patients presented with any abdominal complaint must be followed by P. R examination to discover patients with rectal cancer as early as possible otherwise most of the patients presented in advanced stages.

- Early accurate diagnosis is the best way to reduce cancer rectum mortality.

- According to this work, we believe that *TRUS* can be of value in diagnosis and evaluation of rectal cancer and establishing the best treatment strategy for it.