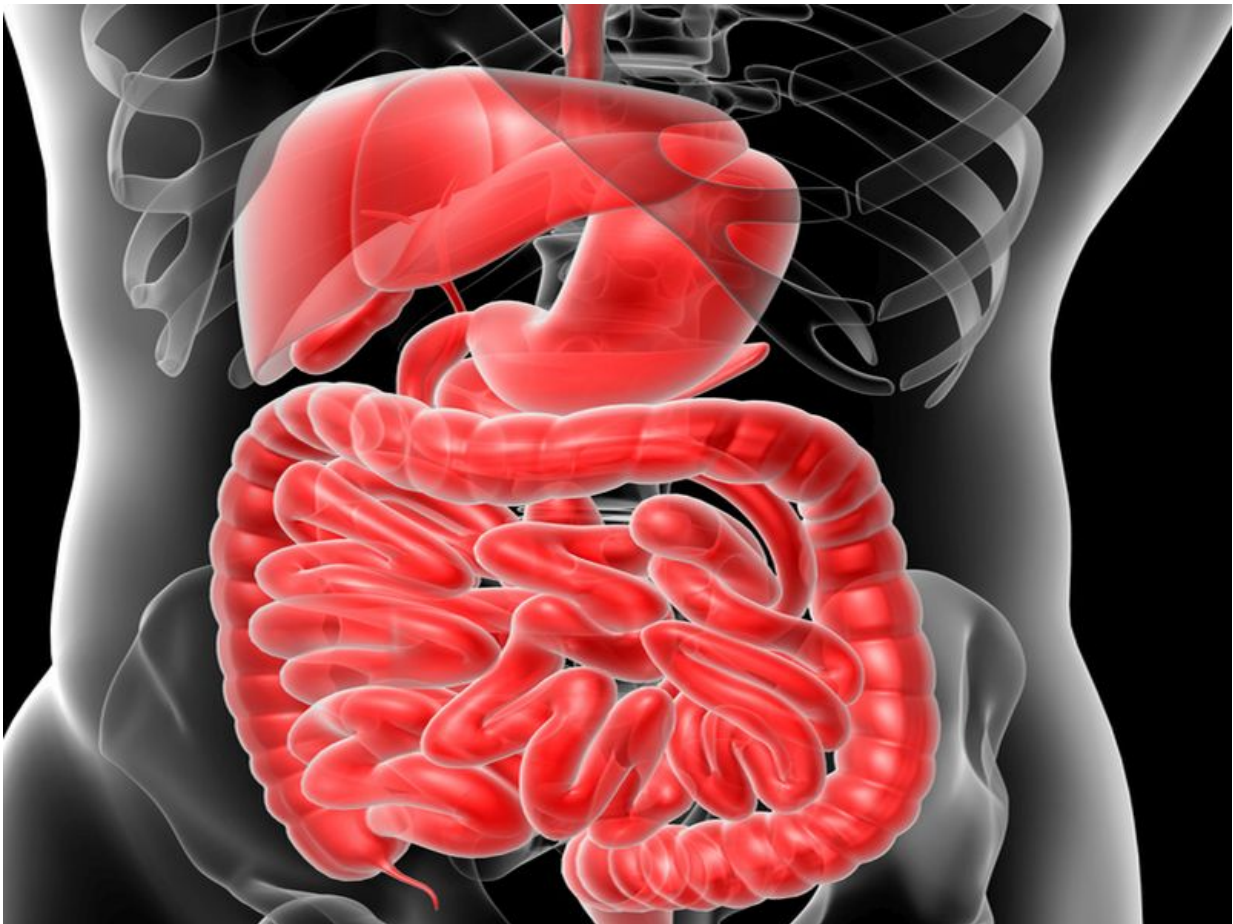


Review: noncomplete mesorectal excision up with laparoscopy

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(HealthDay)—Patients undergoing laparoscopic rectal resection (LRR)

have increased risk for noncomplete mesorectal excision versus those undergoing open rectal resection (ORR), according to a review and meta-analysis published online Feb. 8 in *JAMA Surgery*.

Aleix Martínez-Pérez, M.D., from the Henri Mondor University Hospital in Paris, and colleagues conducted a systematic review of [randomized clinical trials](#) (RCTs) that compared LRR with ORR for histologically proven [rectal cancer](#) in adult patients. Data were included for 14 RCTs with 4,034 unique patients.

Of the 2,989 patients undergoing rectal resection, the researchers identified a positive circumferential resection margin in 7.9 and 6.1 percent of the 1,697 and 1,292 patients undergoing LRR and ORR, respectively (risk ratio, 1.17; 95 percent confidence interval, 0.89 to 1.53; $P = 0.26$) in nine studies. In five studies, a noncomplete (nearly complete and incomplete) mesorectal excision occurred in 13.2 and 10.4 percent of 1,354 patients undergoing LRR and the 998 patients undergoing ORR, respectively (risk ratio, 1.31; 95 percent confidence interval, 1.05 to 1.64; $P = 0.02$). There was no significant difference between LRR and ORR in the distal resection margin involvement, the mean number of lymph nodes retrieved, the mean distance to the distal margin, and the mean distance to radial margins.

"These findings question the oncologic safety of laparoscopy for the treatment of rectal cancer," the authors write.

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