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Título
Robotic-assisted Low Anterior Resection with Transanal Transection and Single-Stapled Anastomosis of an Early Rectal Adenocarcinoma: A Case Report

Introdução
Early rectal adenocarcinomas can often be managed with minimally invasive, organ-preserving strategies. Optimal outcomes depend on accurate staging and the integration of advanced surgical techniques such as robotic-assisted resection.

Material e Métodos
An 89-year-old male (PS ECOG 0) with diabetes, hypertension, BPH, and atrial fibrillation presented with hematochezia after starting apixaban. Colonoscopy identified a flat rectal lesion (IIa + IIc, NICE 3, 15 mm) 9 cm from the anal verge. Biopsy revealed low-grade adenocarcinoma, staged as mrT0/1 N0 EMVI? M0. The patient underwent endoscopic intermuscular resection with en bloc removal.

Resultados
Histopathology showed a moderately differentiated adenocarcinoma with submucosal invasion (Kikuchi sm2/3), lymphovascular invasion, and intermediate tumor budding, with clear margins. A robotic-assisted low anterior resection with transanal transection and single-stapled anastomosis was subsequently performed. Final pathology revealed a millimetric intramucosal carcinoma focus (pT1 N0). The postoperative course was uneventful, and the patient remains disease-free after six months.

Discussão
Robotic surgery offers superior precision, dexterity, and visualization, decreasing LARS and overall complication rates. The transanal transection ensures adequate distal margin control, while the single-stapled anastomosis reduces tension and leakage risk. This stepwise, minimally invasive approach achieved complete oncologic resection and preserved functional outcomes.

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