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Título
Indocyanine Green - Guided Robotic Low Anterior Resection for Rectal Cancer - A Step-by-Step approach

Introdução
The treatment of locally advanced rectal adenocarcinoma relies on a multimodal approach, including total mesorectal excision. Robotic surgery offers three-dimensional visualization, stable imaging, and precise pelvic dissection, improving control over critical structures. Indocyanine green fluorescence enables real-time assessment of anastomotic perfusion, enhancing safety.

Material e Métodos
We present a 37-year-old woman with rectal bleeding and tenesmus. Endoscopy revealed a mid-rectal vegetative lesion, confirmed as moderately differentiated adenocarcinoma. Imaging showed rectal wall thickening with small locoregional lymph nodes (cT3N+).

Resultados
After well-tolerated total neoadjuvant therapy, she underwent robotic low anterior resection with indocyanine green fluorescence and protective colostomy. Postoperative recovery was uneventful. Pathology showed complete mesorectum and adenocarcinoma G2 ypT1(Sm3)N0(0/14)R0, reflecting an almost complete pathological response. At six months, bowel function is normal.

Discussão
This case demonstrates that robotic surgery with indocyanine green fluorescence allows precise dissection, safe anastomotic assessment, and facilitates complex steps, highlighting the efficacy of the multimodal approach in rectal cancer.

Hospital: HPP Hospital de Cascais Dr. José de Almeida
Autores: Mónica Ferreira, Luís Lencastre, Inês Bagnari, Pedro Martins, José Flávio Videira, Lúcio Lara Santos, Joaquim Abreu de Sousa