

English Abstract Session

2025年11月15日(土) 14:12 ~ 14:54 第10会場

[E6] English Abstract Session 6 Miscellaneous

Moderator: Kensuke Kumamoto (Department of Genome Medical Science and Medical Genetics, Faculty of Medicine, Kagawa University), Kamales Prasitvarakul (Hatyai Hospital)

[E6-1]

"Newly Diagnosed Familial Adenomatous Polyposis Without Family History: A Case Report"

Tolkhiinjan Dostikh (Mungunguur hospital)

[E6-2]

Endoscopic Intermuscular Dissection (EID) for Deep Submucosal Invasive Carcinoma in Rectum

Xutao Lin¹, Dejun Fan¹, Jingwen Qi², Tao Yang¹, Lishuo Shi³, Fangqian Li⁴, Qiuning Wu¹, Lingyu Huang¹, Jiancong Hu¹ (1. Department of Gastrointestinal Endoscopy, The Sixth Affiliated Hospital of Sun Yat-sen University, 2. Department of Pathology, The Sixth Affiliated Hospital, Sun Yat-sen University, 3. Center for Clinical Research, The Sixth Affiliated Hospital, Sun Yat-sen University, 4. Department of Radiology, The Sixth Affiliated Hospital, Sun Yat-sen University)

[E6-3]

Organ-Sparing Surgery for Rectal GISTs: A Video Demonstration of The Trans-Sacrococcygeal Technique

Aitsariya Mongkhonsupphawan, Woramin Riansuwan (Colorectal Surgery Unit, Department of surgery, Faculty of Medicine Siriraj Hospital, Mahidol University)

[E6-4]

Efficacy and Safety of Oral Iohexol in the Management of Postoperative Chylous Ascites

Zhixun Zhao¹, Yihang Shi¹, Haipeng Chen¹, Xu Guan¹, Zheng Jiang¹, Ming Yang¹, Hengchang Liu¹, Jianwei Liang¹, Xishan Wang¹ (1. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 2. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College)

[E6-5]

Clinicopathological and Genomic Characterization of Intestinal Adenosquamous Carcinoma

Baohong Yang¹, Xu Guan^{1,2}, Yanfeng Xi³, Podda Mauro⁴, Xishan Wang^{1,2} (1. Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University, 2. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 3. Department of Pathology, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University, 4. Department of Surgical Science, Cagliari State University.)

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[E6-1] "Newly Diagnosed Familial Adenomatous Polyposis Without Family History: A Case Report"

Tolkhiinjan Dostikh (Mungunguur hospital)

Background: Familial adenomatous polyposis (FAP) is a genetic disorder caused by mutations in the APC gene, typically leading to the development of numerous adenomatous polyps in the colon. This disease is often inherited in an autosomal dominant pattern but can also occur as a de novo mutation in the absence of family history. This case report presents a rare instance of sporadic FAP leading to advanced colorectal cancer.

Methods: A 36-year-old female with no family history of FAP presented with symptoms of abdominal distension, constipation, and nausea. Imaging studies, including CT and colonoscopy, revealed multiple polyps and signs of colorectal malignancy. Histopathological examination confirmed the diagnosis of adenocarcinoma.

Results: The patient underwent total colectomy and rectal excision, with post-operative recovery proceeding without complications. The histopathological findings confirmed adenocarcinoma in both the colon and rectum. The patient is currently undergoing chemotherapy and is being closely monitored for further complications.

Conclusion: This case highlights the importance of considering FAP even in the absence of a family history. Early diagnosis and surgical intervention are crucial to prevent colorectal cancer. Long-term surveillance is recommended to monitor for potential desmoid tumors and other associated malignancies.

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[E6-2] Endoscopic Intermuscular Dissection (EID) for Deep Submucosal Invasive Carcinoma in Rectum

Xutao Lin¹, Dejun Fan¹, Jingwen Qi², Tao Yang¹, Lishuo Shi³, Fangqian Li⁴, Qiuning Wu¹, Lingyu Huang¹, Jiancong Hu¹ (1. Department of Gastrointestinal Endoscopy, The Sixth Affiliated Hospital of Sun Yat-sen University, 2. Department of Pathology, The Sixth Affiliated Hospital, Sun Yat-sen University, 3. Center for Clinical Research, The Sixth Affiliated Hospital, Sun Yat-sen University, 4. Department of Radiology, The Sixth Affiliated Hospital, Sun Yat-sen University)

Objective:

This study evaluates the efficacy and safety of endoscopic intermuscular dissection (EID) for deep submucosal invasive rectal carcinoma. We analyzed clinical data from 8 T1-stage rectal cancer patients treated with EID at The Sixth Affiliated Hospital of Sun Yat-sen University, focusing on R0 resection rate, complications, and postoperative recovery.

Methods:

Clinical records of 8 patients undergoing EID from January to September 2024 were reviewed. The EID technique involved dissecting lesions through the intermuscular space beneath rectal tumors. Parameters including operative time, dissection speed, R0 resection rate, complications, and pathological outcomes were analyzed.

Results:

All cases achieved successful R0 resection. Mean total operative time was 136.25 minutes (dissection time: 109.75 minutes) with an average dissection speed of 7.44 mm²/min. Intraoperative complications occurred in 25% (2/8), both being controlled perforations in initial cases managed endoscopically. Mean hospital stay was 9.75 days (postoperative: 5.63 days). Pathological findings confirmed deep submucosal invasion (T1b) in all cases: 6 moderately differentiated, 1 well-differentiated, and 1 poorly differentiated mucinous adenocarcinoma. During follow-up, 2 patients required additional surgery (1 segmental resection for poor differentiation, 1 colectomy for synchronous sigmoid cancer), with no recurrences observed in others.

Conclusion:

EID demonstrates promising outcomes for deep submucosal rectal carcinoma, achieving high R0 rates with acceptable safety. Larger multicenter studies are warranted to validate long-term efficacy.

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[E6-3] Organ-Sparing Surgery for Rectal GISTs: A Video Demonstration of The Trans-Sacrococcygeal Technique

Aitsariya Mongkhonsupphawan, Woramin Riansuwan (Colorectal Surgery Unit, Department of surgery, Faculty of Medicine Siriraj Hospital, Mahidol University)

Gastrointestinal stromal tumors (GISTs) are uncommon neoplasms in the lower rectum, accounting for fewer than 5 % of all GIST cases. Lower rectal GISTs present unique surgical challenges due to their location in the narrow pelvic space, particularly in achieving negative margins while preserving sphincter function. The optimal surgical approach for these tumors must balance oncological safety with functional outcomes.

We present a video demonstrating the trans-sacrococcygeal approach for excision of a rectal GIST. This technique provides direct access to the retrorectal space while minimizing pelvic dissection. The approach facilitates en-bloc tumor excision with reduced risk of sphincter compromise, making it particularly suitable for low-lying rectal GISTs. Key steps include patient positioning, optimal exposure achieved through sacrococcygeal disarticulation and levator ani muscle incision, meticulous tumor dissection, and pelvic floor reconstruction. This approach serves as an alternative to more radical procedures such as abdominoperineal resection or low anterior resection, emphasizing organ preservation and improved quality of life.

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[E6-4] Efficacy and Safety of Oral Iohexol in the Management of Postoperative Chylous Ascites

Zhixun Zhao¹, Yihang Shi¹, Haipeng Chen¹, Xu Guan¹, Zheng Jiang¹, Ming Yang¹, Hengchang Liu¹, Jianwei Liang¹, Xishan Wang¹ (1. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 2. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College)

Abstract

Background: Chylous ascites (CA) post-abdominal and pelvic surgery presents a significant clinical challenge, often leading to prolonged hospital stays and increased morbidity. Traditional management strategies frequently fall short, necessitating innovative treatment approaches.

Methods: This single-arm prospective clinical trial evaluated the efficacy and safety of oral Iohexol for CA treatment in 30 patients post-pelvic and abdominal surgery. The study employed stringent diagnostic criteria, with intervention measures including oral Iohexol administration, followed by a resolution evaluation system. Non-responsive cases proceeded to interventional lymphangiography and embolization.

Results: Administration of oral Iohexol led to 80% of the cohort reaching Grade A Success, with a notable 33% achieving Grade A+ Success within the inaugural week, showcasing a swift therapeutic impact. Multivariate analysis indicated a lesser response to Iohexol among patients who underwent preoperative treatments or who experienced daily drainage exceeding 500 ml. For these patients, further intervention via lymphangiography was essential, leading to successful embolization in cases of confirmed lumbar trunk injury.

Conclusion: The use of oral Iohexol has proven to be an effective frontline treatment for CA post-surgery, significantly improving resolution rates compared to standard methods. The multivariate analysis indicates that certain patient profiles may require additional interventional treatments, suggesting the need for individualized management plans. These findings advocate for the inclusion of Iohexol in postoperative CA treatment protocols, with potential implications for enhancing patient recovery and outcomes

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[E6-5] Clinicopathological and Genomic Characterization of Intestinal Adenosquamous Carcinoma

Baohong Yang¹, Xu Guan^{1,2}, Yanfeng Xi³, Podda Mauro⁴, Xishan Wang^{1,2} (1. Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University, 2. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 3. Department of Pathology, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University, 4. Department of Surgical Science, Cagliari State University.)

Background: Adenosquamous carcinoma (ASC) is a rare malignancy with a poorly understood etiology. This study investigates primary intestinal ASC (IASC), with a specific focus on the ratio of these components and the underlying genetic alterations.

Methods: We retrospectively analyzed 14 patients diagnosed with IASC at Shanxi Cancer Hospital between 2012 to 2023 and the data on clinicopathological features were obtained. The proportions of adenocarcinoma and squamous cell carcinoma components were determined using immunohistochemistry (IHC). Whole-exome sequencing (WES) was performed on three primary duodenal ASC specimens and their corresponding normal tissues. This study was registered with the ChiCT Registry (ChiCTR2400084845).

Results: The median patient age was 53 years, with a male predominance (64.3%). The primary tumor locations were duodenum (42.9%), jejunum (7.1%), right colon (21.5%), sigmoid colon (7.1%), and rectum (35.7%). All tumors contained both components exceeding 20% of the total volume, with 64.3% exhibiting a dominant squamous cell carcinoma component.

Human papillomavirus (HPV) infection and microsatellite instability (MSI) testing were negative for most patients. WES on three duodenal ASC cases revealed a predominance of missense mutations. Commonly mutated genes included SMYD4, NEB, SYNE1, and TP53BP1.

Conclusion: This study sheds light on the clinicopathological features of IASC and provides the first-ever whole-exome sequencing analysis of primary duodenal ASC. The identification of recurrently mutated genes in this aggressive malignancy presents promising targets for future therapeutic development. Further research is warranted to refine diagnostic strategies and explore targeted therapeutic approaches.