International Session | Surgery / Proctology

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International Session 2 Surgical management of colorectal cancers

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[INTS2-4] Determinants of Low Anterior Resection Syndrome: Impact of Surgical Technique and Chemotherapy in Rectal Cancer — A Single-Center Study

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Determinants of Low Anterior Resection Syndrome: Impact of Surgical Technique and Chemotherapy in Rectal Cancer — A Single-Center Study

Introduction:
Low anterior resection syndrome (LARS) is a common complication following rectal cancer surgery, characterized by urgency, increased stool frequency, and fecal incontinence, with a significant impact on quality of life. Its pathophysiology is multifactorial and may be influenced by both surgical technique and oncologic treatment strategies.

Methods:
A retrospective cohort study was conducted including patients with histopathological diagnosis of rectal cancer who underwent low anterior resection (LAR), ultra-low anterior resection (uLAR), or abdominoperineal resection (APR) at a tertiary referral center between January 2024 and December 2025. Patients <18 years or without at least 12 months of follow-up were excluded. Demographic, clinical, and treatment variables—including neoadjuvant, adjuvant, or combined chemotherapy—were analyzed. Associations with LARS were assessed using Fisher’s exact test.

Results:
A total of 98 patients were included (mean age 56.1 years; 44.9% female). Seven patients (7.14%) developed LARS. No statistically significant association was observed between chemotherapy exposure—neoadjuvant, adjuvant, or combined—and the development of LARS ($p > 0.05$). The incidence of LARS was similar between patients with and without neoadjuvant therapy (7.8% vs. 8.3%; $p = 1.000$).

In contrast, LARS occurred more frequently in patients undergoing uLAR compared to LAR (11.4% vs. 4.5%), although this difference did not reach statistical significance ($p = 0.43$).

Conclusions:
Chemotherapy exposure was not associated with the development of LARS in this cohort. A higher incidence observed following uLAR suggests that surgical technique and extent of pelvic dissection may play a more relevant role in postoperative bowel dysfunction. These findings, although limited by the low number of events, are consistent with known pathophysiological mechanisms and warrant further investigation in larger studies.

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