

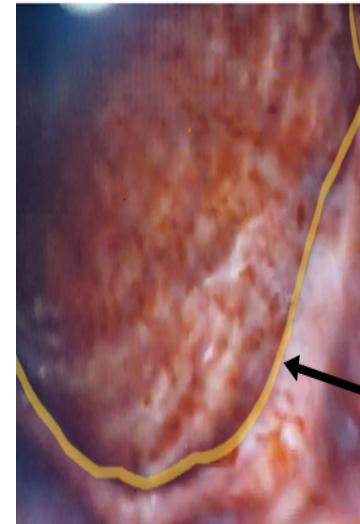
Video Article

Cavity in the Pelvis after Anterior Low Resection (ALR) for Rectal Cancer

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Cavities in abdominal surgery are usually seen after the evacuation of pus or blood, and these cavities are partially or completely filled with the omentum as well as with the surrounding structures after a certain time. The case we will present is an atypical case. The 60-year-old diabetic patient is diagnosed with middle rectal cancer 15.9x9 mm described in echoendoscopy as T2N0 (Video 1 :rectal cancer).

The ALR surgical intervention was carried out in September 2023, where the above-mentioned diagnosis was confirmed. The restoration of digestive continuity was scheduled for a second stage. After 28 sessions of radiotherapy and Capecitabine PO, the patient was prepared for the restoration of digestive continuity, which was carried out in July 2024. During the medical assessment before recovery, we were surprised to find a peritoneal cavity (Video 2: cavity and rectal mucosa) where the rectum was resected, which looked like the lumen of the colon (Figure 1). The cavity did not communicate with the rest of the peritoneal cavity even though the peritoneum was not closed the first time, while the part of the rectum that was closed the first time was completely open and had communication with the anus.

**Fig. 1**

The border between mucosa and the wall of cavity

Figure 1: The border between mucosa and the wall of cavity.

The restoration of continuity was a difficult intervention due to the fibrosis created in the pelvis and the passage of the descending colon to the anus was dangerous, because a tunnel had to be created through the fibrous tissue, and then the colon passed through the pelvic cavity. After the intervention, the course was favorable.