

# 局所再発直腸癌に対する 仙骨合併骨盤内臓全摘術の試み

—仙骨離断法の確立—

Pelvic Resection for Locally Recurrent Rectal Cancer  
—Establishment of a Sacral Resection Technique—

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## 要 旨

当院で局所再発直腸癌に対する仙骨合併骨盤内臓全摘術を施行した32例を対象とし、仙骨を展開、切除高位での椎弓切除及び硬膜管結紮、温存神経を外側まで露出し、仙腸関節を全て温存しながら台形状に仙骨切除を行い、仙骨合併骨盤内臓全摘を完成する。本術式を用いれば、S1神経及び仙腸関節温存が可能であるため術後早期から歩行が開始でき、長期的な生命予後も期待できる。

## Abstract

**Objective :** Only some reports have focused on sacral resection from the orthopedic perspective, with few on established techniques or procedures. This is a report of the surgical technique performed at our hospital.

**Method :** The subjects were 32 cases who underwent combined sacral resection for locally recurrent rectal cancer. Composite resection of the sacrum was performed, consisting of an abdominal phase and a perineal phase in the lithotomy position, a sacral phase in the prone position, and a reconstructive phase in the supine position. We reviewed the resection level and elapsed time until the patient resumed walking.

**Results :** The breakdown by resection level included 6 cases (11%) at S2 or higher, 19 cases at S2-4, and 7 cases at S4 or lower. The average elapsed time until the resumption of walking was 3.1 days for cases with complications. At the final examination, there was no pelvic fracture (including the sacrum) in any of the cases. R0 resection was performed in 24 cases (75%).

**Conclusion :** As locally recurrent rectal cancer can be completely removed along with the sacrum, a good prognosis can be expected.

**Key words :** 仙骨離断術 (sacral resection technique), 直腸癌局所再発 (locally recurrent rectal cancer), 予後 (prognosis)

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