

## A commentary on “Surgical results of Hartmann procedure in emergency cases with the left-sided colorectal cancer”

*Un comentario sobre “Resultados quirúrgicos del procedimiento de Hartmann en casos de emergencia con cáncer colorrectal del lado izquierdo”*

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Dear Editor,

We have read with great interest the article published by Altin et al.<sup>1</sup> titled “Surgical results of Hartmann procedure (HP) in emergency cases with the left-sided colorectal cancer (CRC)”, where the authors refer to predominantly left CRC and its complications such as obstruction and perforation, leading the patient to a surgical intervention as in the case of the HP with the need for a second operation to reverse the colostomy, leading to anastomotic dehiscence, which generates psychological and physical difficulties that deteriorate the quality of life of the patient<sup>1</sup>. We thank the authors for such valuable evidence. However, we would like to make a few comments.

According to Sciuto et al.<sup>2</sup>, most patients have considered that the closure of the colostomy would improve their quality of life, a procedure that could not be performed because there are adhesions that have appeared when the colostomy is longer, thus generating high risk of injury to the intestine or other viscera due to a second intervention. Another factor that should be evaluated when defining HP is the colonic stenosis present in 5.8-20% in initially anastomosed patients, considered as a protective factor against stenosis, different from patients with colostomy, where it is considered a risk factor and greater difficulty for the patient to be taken to a subsequent reconstruction<sup>3</sup>. On the other hand, in HP, high conversion rates to

open surgery have been observed, ranging from 24% to 50%, this is significantly unfavorable, since minimally invasive surgery has shown a reduction in the risks of infection, hematoma, evisceration, and eversion versus open surgery<sup>2</sup>. However, despite these new technologies mentioned, the risk of anastomotic dehiscence has not been eliminated. Finally, it should be noted that procedures such as laparoscopic ultralow anterior resection of the rectum with coloanal anastomosis should not be ruled out or replaced by HP, as it is a safe technique with excellent results in terms of local recurrence and overall survival<sup>4</sup>.

It is concluded that new scientific productions that compare the performance of tumor resection and anastomosis in the same surgical time and HP are essential to be able to define more clearly the specific indication of the type of patient.

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### Conflicts of interest

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## Ethical disclosures

**Protection of human and animal subjects.** The authors declare that no experiments were performed on humans or animals for this study.

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**Right to privacy and informed consent.** The authors declare that no patient data appear in this article.

## References

1. Altin O, Kaya S, Sari R, Altuntas YE, Baris B, Kucuk HF. Surgical results of Hartmann procedure in emergency cases with left-sided colorectal cancer. *Cir Cir.* 2021;89:150-5.
2. Sciuto P, Rappa J, Meineri J, Russo L, Temesio GR. Restitución del procedimiento de Hartmann por vía laparoscópica. Análisis de nuestra experiencia en el Hospital maciel de montevideo, uruguay, clínicas quirúrgicas 2 y 3 de la facultad de medicina de la universidad de la república (UDELAR). *Rev Chil Cir.* 2017;69:446-51.
3. Picazo-Ferrera K, Jaurieta-Rico C, Manzano-Robleda M, Alonso-Lárraga J, De la Mora-Levy J, Hernández-Guerrero A, et al. Risk factors and endoscopic treatment for anastomotic stricture after resection in patients with colorectal cancer. *Rev Gastroenterol Méx (Engl Ed).* 2021;86:44-50.
4. González JE, Fraga JG, Llano FL, Alfonso MA, Peña RT. Resección anterior del recto ultrabaja laparoscópica con anastomosis coloanal en cáncer del recto bajo. *Rev Cub Cir.* 2019;58:1-16.