

# TUMORS OF THE LARGE BOWEL

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# TUMORS OF THE LARGE BOWEL

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Volume VIII in the Series

**MAJOR PROBLEMS IN  
CLINICAL SURGERY**

J. ENGLEBERT DUNPHY, M.D.  
*Consulting Editor*

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Tumors of the Large Bowel

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# Contents

## Section I COLOR PLATES

## Section II POLYPS OF THE LARGE INTESTINE

### Common Polyps

#### Chapter One

THE DIMINUTIVE POLYP .....	13
----------------------------	----

#### Chapter Two

THE MEDIUM-SIZE POLYP .....	29
-----------------------------	----

#### Chapter Three

THE LARGER POLYP .....	36
------------------------	----

#### Chapter Four

DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS OF POLYPS ...	44
--	----

#### Chapter Five

TREATMENT OF POLYPS .....	63
---------------------------	----

#### Chapter Six

POLYPS: MISCELLANEOUS CONSIDERATIONS .....	79
--	----

### Uncommon Polyps

#### Chapter Seven

MULTIPLE POLYPOSIS (FAMILIAL TYPE) .....	91
--	----

*Chapter Eight*

GARDNER'S SYNDROME AND THE OCCURRENCE OF DESMOID TUMORS IN FAMILIAL MULTIPLE POLYPOSIS.....	107
--	-----

*Chapter Nine*

PEUTZ-JEGHERS SYNDROME .....	112
------------------------------	-----

*Chapter Ten*

JUVENILE POLYPS .....	118
-----------------------	-----

*Chapter Eleven*

FAMILIAL POLYPOSIS.....	124
-------------------------	-----

*Chapter Twelve*

VILLOUS TUMOR .....	131
---------------------	-----

## Section III

**CANCER OF THE LARGE BOWEL***Chapter Thirteen*

ADENOCARCINOMA OF THE LARGE BOWEL.....	149
--	-----

*Chapter Fourteen*

CARCINOMA COMPLICATING PRE-EXISTING LESIONS.....	182
--	-----

*Chapter Fifteen*

EXTRINSIC LESIONS WHICH INVADE THE LOWER BOWEL .....	190
---	-----

*Chapter Sixteen*

CARCINOMATOUS TUMORS .....	198
----------------------------	-----

*Chapter Seventeen*

MALIGNANT LYMPHOMA .....	210
--------------------------	-----

*Chapter Eighteen*

LEIOMYOSARCOMA AND RHABDOMYOSARCOMA .....	217
---	-----

*Chapter Nineteen*

INTRAMURAL TUMORS OF THE LARGE BOWEL.....	223
---	-----

*Chapter Twenty*

CONSERVATIVE MANAGEMENT OF SELECTED CARCINOMAS OF THE LOWER BOWEL.....	244
---	-----

*Chapter Twenty-one*

FULGURATION—RADIUM TREATMENT FOR CERTAIN INOPERABLE OR RECURRENT RECTAL CANCERS .....	253
--	-----

## Section IV

## TUMORS OF THE LARGE BOWEL

*Chapter Twenty-two*

SURGICAL ANATOMIC ASPECTS OF THE COLON AND RECTUM AND PATHWAYS OF MALIGNANT SPREAD .....	261
---	-----

*Chapter Twenty-three*

PREOPERATIVE PREPARATION OF THE PATIENT.....	270
--	-----

*Chapter Twenty-four*

SURGICAL CONSIDERATIONS .....	276
-------------------------------	-----

*Chapter Twenty-five*

SURGICAL TREATMENT OF POLYPS.....	284
-----------------------------------	-----

*Chapter Twenty-six*

SURGICAL PROCEDURES FOR AND COMPLICATIONS OF CANCER OF THE COLON .....	290
---	-----

*Chapter Twenty-seven*

SURGICAL PROCEDURES FOR ADENOCARCINOMA OF LOWER PART OF SIGMOID, RECTOSIGMOID AND RECTUM.....	305
---	-----

*Chapter Twenty-eight*

TREATMENT OF MULTIPLE, EXTENSIVE AND OTHER NEOPLASMS OF THE COLON AND RECTUM .....	314
---	-----

*Chapter Twenty-nine*

POSTOPERATIVE CARE .....	325
--------------------------	-----

*Chapter Thirty*

MORTALITY RATES AND POSTOPERATIVE COMPLICATIONS ASSOCIATED WITH OPERATIONS ON THE COLON .....	330
--	-----

*Chapter Thirty-one*

ADJUNCTIVE MEASURES TO SURGICAL TREATMENT .....	338
---	-----

## Section V

# PREMALIGNANT AND MALIGNANT DISEASE OF THE ANAL AND PERIANAL AREA

*Chapter Thirty-two*

PREMALIGNANT LESIONS OF THE ANUS .....	345
--	-----

*Chapter Thirty-three*

INTRA-EPIDERMAL CARCINOMAS .....	350
----------------------------------	-----

*Chapter Thirty-four*

ANAL AND PERIANAL MALIGNANT PROCESSES .....	360
---	-----

INDEX .....	373
-------------	-----



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# Foreword

Neoplasms of the large intestine have become one of the most common tumors encountered in patients in the Western World. The clinical manifestations of these lesions vary from silent anemia to overt bleeding or obstruction. Moreover, clinical management varies, depending upon location, size, and nature of the tumor. Recent advances in our understanding of the nature of polyps in carcinoma has introduced additional variables to be considered in the care of the patient.

In this volume Drs. Jackman and Beahrs have drawn on the vast experience of the Mayo Clinic to set in perspective a modern approach to the care of the patient with a tumor or polyp of the large intestine. Their experience and recommendations will be of interest to all surgeons working in this field. Residents, proctologists, colon and rectal surgeons, as well as general surgeons, will find this volume to be of daily practical value.

J. ENGLEBERT DUNPHY, M.D.

# Preface

By far the most common site of occurrence of tumors of the entire gastrointestinal tract is the large intestine. The authors are well aware that many aspects of the nature, significance and treatment of these tumors are matters of controversy. What, for instance, is the role of the polyp of the large bowel in the development of cancer? When does ulcerative colitis become a surgical problem? What is the best treatment for familial multiple polyposis: complete proctocolectomy and ileostomy, or colectomy with ileosigmoidostomy and preservation of the terminal segment? The purpose of this treatise is to present the authors' views on these and many other debatable questions germane to the broad subject.

This monograph is divided into 5 sections, principally for the convenience of the authors in organizing the contents, but also for ease of assimilation on the part of the reader. Sections 1, 2, 3, and 5 were prepared by one of us (Jackman), whose main field of endeavor for the past 30 years has been the diagnosis and treatment of anorectal lesions. Section 4, which has to do chiefly with the surgical management of lesions of the large bowel, was prepared by the co-author (Beahrs), whose field is general surgery with a particular emphasis on surgery of the large bowel.

In almost all technical problems there are often several ways of reaching the same goal, and whenever more than one author is involved in contributing to a given treatise there is bound to be some disparity of opinion as to the best procedure to follow in certain conditions in which the optimal treatment might be considered equivocal. Although the authors are in general agreement in all major considerations, one of the most desirable and in truth provocative features of this work is the fact that some differences of opinion do exist and have been set forth; some alternative measures, depending upon the situation at hand, have been presented without either diffidence or contention. Because of this, which we consider

altogether beneficial, the reader will notice many cross-references in the text.

We are grateful to many of our colleagues at the Mayo Clinic in the Section of Medical Illustration, the Section of Surgical Pathology, the Section of Diagnostic Roentgenology, the Section of Photography and the Section of Publications, for assistance given to us in the preparation of this work.

RAYMOND J. JACKMAN, M.D.

OLIVER H. BEAHR, M.D.

*Rochester, Minnesota*

# Introduction

This volume is divided into 5 rather indistinct sections: (1) exhibit of color photographs, (2) polyps of the large intestine, (3) benign and malignant tumors of the colon and rectum, (4) surgical procedures on the large bowel, and (5) premalignant and malignant lesions of the anus.

We use the word "indistinct" because the reader should keep in mind the point that there is no clear-cut distinction between polyps and carcinomas. At one extreme is the unquestionable benign lesion; at the other extreme is the definitely malignant neoplasm. Between these two poles is a vast or transitional conglomeration of lesions which exhibit various degrees of malignancy and benignancy.

RAYMOND J. JACKMAN, M.D.

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# Contents

## Section I COLOR PLATES

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### Common Polyps

#### Chapter One

THE DIMINUTIVE POLYP .....	13
----------------------------	----

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THE MEDIUM-SIZE POLYP .....	29
-----------------------------	----

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------------------------	----

#### Chapter Four

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--	----

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---------------------------	----

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--	----

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--	----

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--	-----

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------------------------------	-----

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-----------------------	-----

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FAMILIAL POLYPOSIS.....	124
-------------------------	-----

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VILLOUS TUMOR .....	131
---------------------	-----

## Section III

**CANCER OF THE LARGE BOWEL***Chapter Thirteen*

ADENOCARCINOMA OF THE LARGE BOWEL.....	149
--	-----

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--	-----

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EXTRINSIC LESIONS WHICH INVADE THE LOWER BOWEL .....	190
---	-----

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CARCINOMATOUS TUMORS .....	198
----------------------------	-----

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--------------------------	-----

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INTRAMURAL TUMORS OF THE LARGE BOWEL.....	223
---	-----

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CONSERVATIVE MANAGEMENT OF SELECTED CARCINOMAS OF THE LOWER BOWEL.....	244
---	-----

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--	-----

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*Chapter Twenty-three*

PREOPERATIVE PREPARATION OF THE PATIENT.....	270
--	-----

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SURGICAL CONSIDERATIONS .....	276
-------------------------------	-----

*Chapter Twenty-five*

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SURGICAL PROCEDURES FOR AND COMPLICATIONS OF CANCER OF THE COLON .....	290
---	-----

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TREATMENT OF MULTIPLE, EXTENSIVE AND OTHER NEOPLASMS OF THE COLON AND RECTUM .....	314
---	-----

*Chapter Twenty-nine*

POSTOPERATIVE CARE .....	325
--------------------------	-----

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MORTALITY RATES AND POSTOPERATIVE COMPLICATIONS ASSOCIATED WITH OPERATIONS ON THE COLON .....	330
--	-----

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ADJUNCTIVE MEASURES TO SURGICAL TREATMENT .....	338
---	-----

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--	-----

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----------------------------------	-----

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---	-----

INDEX .....	373
-------------	-----