

Title:
The rectosigmoid junction: are limits important?

Authors:
Jorge Luna-Abanto

DOI: 10.17235/reed.2019.5983/2018

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:
Luna-Abanto Jorge. The rectosigmoid junction: are limits important?. Rev Esp Enferm Dig 2019. doi:
10.17235/reed.2019.5983/2018.



This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Accepted Article

CE 5983

The rectosigmoid junction: are limits important?

Jorge Luna-Abanto

Surgical Oncology Department. National Neoplastic Disease Institute. Lima, Peru.
Postgraduate School. Universidad Peruana Cayetano Heredia. Lima, Peru

Correspondence: Jorge Luna-Abanto

e-mail: Jorgelunaabanto@gmail.com

Key words: Rectosigmoid junction. Colorectal cancer. Rectal cancer.

Dear Editor,

The rectosigmoid junction (RSJ) is the limit between the sigmoid colon and the rectum. The limits of this transition zone have been a source of controversy (1,2). There are multiple definitions that aim to establish the beginning of the rectum. Some organizations propose the use of more than one definition. Generally, these definitions use either radiological markings, endoscopic measurements or anatomical landmarks. However, no consensus exists currently (1,3).

The traditional anatomical bony landmark for the beginning of the rectum is the third sacral segment, although some definitions use the sacral promontory that can be seen preoperatively (2). The anterior peritoneal reflection, coalescence of tenia coli and the cessation of appendices epiploic and sigmoid take-off constitute the anatomical landmarks between the colon and rectum. They have the advantage of being recognizable preoperatively via enhanced magnetic resonance imaging (MRI) and also intraoperatively (2). Metric endoscopy has been widely used and consists of the measurement from the anal verge to the distal tumor edge by endoscopy. A high specificity for the identification of rectal cancer has been described with this technique (3). Nevertheless, a variable distance from the anal verge is proposed worldwide. German guidelines, TNM staging and SEER staging propose 16 cm as the upper limit of

the rectum, whereas 15 cm has been proposed by United States (ASCRS), United Kingdom and European guidelines (ESMO) and the UICC Manual. Other guidelines include a distance of 12 cm (Spanish guidelines) and 9 cm (Korea) (2).

The treatment of a sigmoid colon cancer is surgical resection, whereas rectal cancer is usually treated with neoadjuvant chemoradiation (4,5). Thus, defining the origin of the neoplasm found in the RSJ is of great importance. Several proposals to define the limits of the RSJ have been described. In this context, we believe standardization is not as important as an individualized assessment and the use of population-based guidelines.

References

1. Bayrak S, Kinaci E, Ozakay A, et al. Preoperative localization of distal colorectal tumours. *Ann Ital Chir* 2016;87:595-600.
2. D'Souza N, De Neree Tot Babberich MPM, Lord A, et al. The rectosigmoid problem. *Surg Oncol* 2018;27(3):521-5. DOI: 10.1016/j.suronc.2018.06.005
3. Massalou D, Moszkowicz D, Mariage D, et al. Is it possible to give a single definition of the rectosigmoid junction? *Surg Radiol Anat* 2018;40(4):431-8. DOI: 10.1007/s00276-017-1954-4
4. Tudyka V, Madoff R, Wale A, et al. Session 1: colon cancer - 10 years behind the rectum. *Colorectal Dis* 2018;20(Suppl 1):28-33. DOI: 10.1111/codi.14074
5. Guan X, Jiang Z, Ma T, et al. Radiotherapy dose led to a substantial prolongation of survival in patients with locally advanced rectosigmoid junction cancer: a large population based study. *Oncotarget* 2016;7(19):28408-19.