EDITORIAL BY THE EDITOR-IN-CHIEF

Dear Readers

In the current issue of the journal, I highly recommend the comprehensive review article on the diagnosis and surgical treatment of neuroendocrine tumours of the colon and rectum. The authors highlight the significance of the topic, noting that over the past 20 years, the incidence of neuroendocrine tumours has doubled, with a threefold increase specifically in neuroendocrine tumours of the bowel. Interestingly, patients with neuroendocrine tumours of the rectum are most often identified incidentally, following a polypectomy performed during a screening colonoscopy, rather than presenting with clinical symptoms. In my own practice, a year ago, while assessing a patient for fistula surgery, I recommended a colonoscopy before the procedure. A carcinoid tumour was subsequently diagnosed in the removed polyp. The authors of the paper, surgeons from the Institute of Oncology in Warsaw, provide a detailed description of the epidemiology, diagnosis, and treatment of patients with rectal neuroendocrine tumours. The article serves as a comprehensive and up-to-date resource on the topic, and I highly recommend it especially to young surgeons.

The current issue of the journal also features a case report of a patient with partial-thickness rectal prolapse complicated by solitary rectal ulceration, which was treated through a minimally invasive trans anal endoscopic microsurgery (TEM) technique. TEM, which is highly effective for removing rectal polyps and low-grade rectal tumours, has also proven useful in excising solitary rectal ulcers. In these cases, it is crucial to highlight the importance of preoperative diagnostics, as not every lesion is suitable for local full-thickness excision. As is well known, solitary rectal ulceration often coexists with rectal prolapse, and some authors argue that it may be a consequence of the prolapse. In patients with full-thickness prolapse, the surgical procedure should address both conditions.

The second recommended review article examines rare complications that may arise following proctological procedures. The authors of the paper focus on atypical complications, such as postoperative incontinence not related to sphincter damage but resulting from excessive excision of the mucosa and sensory receptors in the anal canal, as well as anal canal deformation due to postoperative scarring and subsequent anal canal leakage. The prevention of complications at various stages – eligibility assessment for the procedure, surgery, and post-operative care – is thoroughly discussed. And, as we all know, there is never too much emphasis on managing complications.

I trust that you will find the articles in this issue both engaging and informative
Editor-in-Chief Professor Małgorzata Kołodziejczak, MD