

EDITORIAL BY THE EDITOR-IN-CHIEF

Dear Readers

In the current issue of our journal, I highly recommend the insightful review article by surgeons from the University of Silesia, which explores the use of radiotherapy in the treatment of rectal cancer. Advances in rectal cancer treatment, including the implementation of perioperative radiotherapy in both neoadjuvant and adjuvant settings have significantly improved patient outcomes by reducing recurrence risk and increasing survival rates. This article explores various approaches to perioperative treatment, with a special focus on the role of radiotherapy. The authors provide an overview of current oncological practices in rectal cancer treatment, drawing upon existing literature and recent clinical trials which highlight potential advancements in treatment outcomes through optimised combination therapies. This comprehensive review, detailing the current state of knowledge in rectal cancer treatment, will serve as a valuable resource particularly for young surgeons.

Furthermore, I recommend the article presenting a case study of pudendal neuralgia. Through this case study, the authors illustrate the challenges inherent in both diagnosing and effectively managing this disease entity. The patient, who had developed anal and perineal pain, was diagnosed and treated for many months, initially by urologists – a fairly common occurrence in pudendal neuralgia syndrome – and underwent numerous specialist consultations before receiving a correct diagnosis. The authors highlight the shortage of comprehensive diagnostic and treatment centres for pudendal neuralgia in Poland. This concern is further supported by my clinical observations, which indicate an increasing number of patients with this condition.

I also encourage our Readers to explore an article discussing two cases of patients with von Willebrand disease. There are no definitive guidelines regarding the surgical treatment of patients with this common haemorrhagic diathesis. However, all current recommendations suggest that surgery should be performed at specialised centres with access to laboratory tests to monitor haemostasis. The authors corroborate previous research findings highlighting that the risk of bleeding complications in patients with von Willebrand disease after proper preoperative management is comparable to that of the general population undergoing similar procedures. The Department of General Surgery and Transplantology, from which this study originates, has all the necessary diagnostic capabilities, which makes it well-equipped to manage patients with an increased risk of postoperative bleeding.

In another noteworthy study, surgeons from Zielona Góra showcase the effectiveness of the EndoVAC technique in managing a complex case involving a rectoscrotal fistula complicated by Fournier's gangrene and sepsis. Negative pressure dressings are widely recognised for their effectiveness in treating wounds, including those on the scrotum and perineum. Fournier's gangrene is a rare but life-threatening septic complication. It presents a challenging clinical scenario where the efficacy of negative pressure closure techniques remains a subject of debate among medical professionals. There are currently no specific guidelines on this subject either. In their study, the authors review the current literature on the treatment of Fournier's gangrene. They conclude by highlighting the need for more high-quality evidence on both the indications and limitations of this method before guidelines can endorse the proposed applications of negative pressure therapy.



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