

EDITORIAL BY THE EDITOR-IN-CHIEF

Dear Readers

In this issue, I encourage you to read a review article on neoadjuvant therapy in the treatment of rectal cancer. Little has changed in recent years in the epidemiology of colorectal cancer – it still ranks third in terms of morbidity and second in terms of mortality among all malignancies. In rectal cancer treatment, beyond the oncological aspect, we also strive for the patient's quality of life, meaning the possible avoidance of a stoma (of course, not at the expense of radical oncological treatment). Hence the need to seek new therapeutic solutions that preserve the rectum. Total neoadjuvant therapy (TNT) is a relatively new approach to the treatment of locally advanced rectal cancer. The authors analyze the method against the background of current literature, citing several randomized clinical trials aimed at optimizing the TNT strategy and providing their own critical commentary. This interesting article contains extensive information and broadly discusses various therapeutic options – not only in the context of survival but also in the context of patient quality of life.

The second publication I particularly recommend is a case report of a 51-year-old patient diagnosed with squamous cell carcinoma developing in a pilonidal cyst treated for 12 years. The collected histopathological specimen revealed G2 squamous cell carcinoma. The authors note that with the widespread use of minimally invasive methods (e.g., laser treatment of pilonidal cysts), specimens for histopathological examination are not always collected. In their conclusions, they emphasize the need to submit each removed pilonidal cyst for histopathological examination or perform a biopsy before initiating minimally invasive treatment. In my practice, I have also operated on a patient with a long-standing pilonidal cyst whose histopathological results revealed squamous cell carcinoma. This confirms the need for oncological vigilance, especially in patients with a long-term disease course.

This issue also includes a review article presenting the basic elements of the first follow-up visit after proctological surgery. This topic may seem trivial, but is it really? Many, sometimes serious, complications can be avoided by carefully examining the patient during the post-procedure visit and listening to their complaints.

The above-mentioned topic is related to a case report of anal stenosis in a patient following hemorrhoidectomy. The anal stenosis may not have occurred if the patient's tendency to develop stenotic scar tissue had been diagnosed during the initial post-operative visits and anal dilation had been recommended early on. However, complications abound. The post-operative course of the repair was also uneventful, as you can read more about in the article.



I wish you pleasant reading
Editor-in-Chief Professor Małgorzata Kołodziejczak, MD, PhD