

Comment on Ueno et al.: Prevalence of laparoscopic surgical treatment and its clinical outcomes in patients with familial adenomatous polyposis in Japan

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Received: 16 February 2016 / Accepted: 2 March 2016 / Published online: 21 March 2016
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Dear Sir,

We read with great interest the recent multicenter retrospective study by Ueno and colleagues on the surgical trends and the clinical outcomes of patients with familial adenomatous polyposis (FAP) over a 13-year period (2000–2012) in Japan [1].

The implementation of the laparoscopic approach in Japan in the last few years is consistent with the worldwide increase in laparoscopic colorectal surgery following the results of several studies in the years 2005–2007.

The authors reported no significant difference between the outcomes of the open and laparoscopic surgical approaches in terms of stoma closure rate, and postoperative survival rate. However, to properly compare the outcomes of open and laparoscopic surgery in FAP patients, some other factors such as the duration of postoperative hospital stay, the number of surgical complications, and the number of re-interventions should also be considered. Also the treatment of FAP patients and the laparoscopic surgery experience should be homogeneous across centers.

Besides, the authors reported no statistical differences in the incidence of desmoid tumors between the open and the laparoscopic groups. It is also worth noting that, in the second half of the study (2007–2012), the incidence of desmoid tumors at 3 years after surgery increased in both groups, but this was not commented upon by the authors. Further, the results are reported without discussing the already well-established risk factors for desmoid tumors in FAP patients, such as family history, site of *APC* mutation, female gender, and previous abdominal surgery [2]. Recently, open surgery was found to be an independent risk factor for desmoid tumors, with an HR of 6.84 (95 % CI 1.96–23.98) [3].

Another point of interest is that proctocolectomy with ileal pouch anal anastomosis (IPAA) was reported to be the standard surgical procedure for treating the majority of the FAP patients in Japan, perhaps because of the risk of cancer in the rectal stump. However, in previous reports, the cancer in rectal stump was demonstrated to be a quite long term risk; the presence of colon cancer at the time of surgery and the *APC* mutation site were identified as independent predictors of cancer in the rectal stump, suggesting that treatment of FAP should be tailored to the patient [4, 5]. It is also important to underline that colectomy/IRA and proctocolectomy/IPAA reportedly have similar outcomes in terms of survival but different impacts on quality of life, sexual dysfunction, and fertility [6].

Therefore, we advocate international multi-institutional observational studies of surgical approaches in FAP patients that also take into account the characteristics of the causative genetic mutation, in order to help surgeons and patients decide on the appropriate surgical option.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

This comment refers to the article available at doi:[10.1007/s10147-016-0953-5](https://doi.org/10.1007/s10147-016-0953-5).

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