

SURGICAL MANAGEMENT OF CROHN'S DISEASE

- Chronic transmural inflammatory disease of the GI tract (mouth to perianal area)
- Ileocolic > SB alone > colon/rectum > Upper GI
- MC primary surgical disease small bowel
- Annual incidence 3-7/100 000
- Bimodal age distribution 15-30 yrs/55-80 yrs M=F
- Risk 2x increased in smokers vs. nonsmokers
- Strong familial association

Etiology: Unknown

- ?Infectious
- ?Immunologic
- ?Genetic

Gross: thickened colonic wall, cobblestoning, stricturing, aphthous ulcers, large ulcers

Micro: noncaseating granulomas

Clinical manifestation:

- intermittent/colicky abdominal pain
- diarrhea, fever, weight loss
- Extraintestinal manifestations

Diagnosis:

- colonoscopy,/sigmoidoscopy
- Radiographic contrast study
- Biopsy
- CT
- Serologic markers

Differential Diagnosis: infectious colitis/ UC

Requirement for surgery: Ileocolic> SB only> colon/rectum

Role of surgery:

- cannot be cured by medical/surgical treatment
- Improvement of quality of life
- Relief of symptoms

Plan:

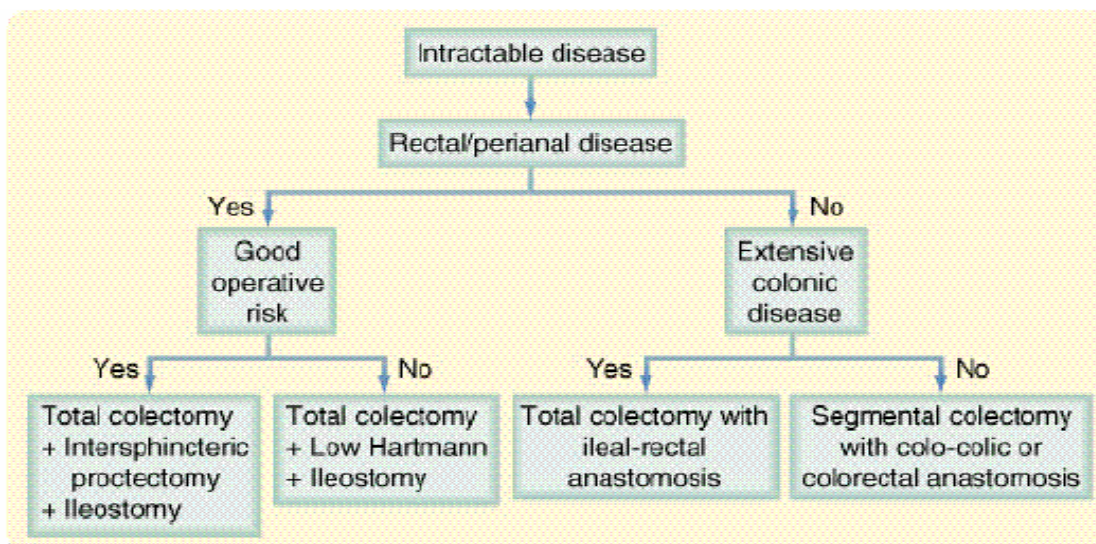
- extent of disease?
- Consider reoperations
- ? stoma
- ? Preop TPN
- ? Lap vs. open?

Indication for surgery:

- Intractable disease with failure to respond to prolonged medical treatment
- intestinal obstruction
- intraabdominal abscess
- fistulas
- perforation
- fulminant colitis
- toxic megacolon
- massive bleeding
- cancer
- growth retardation

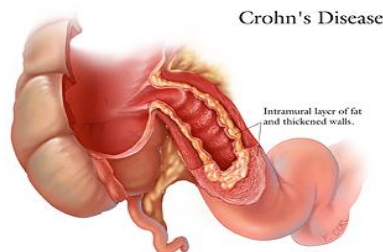
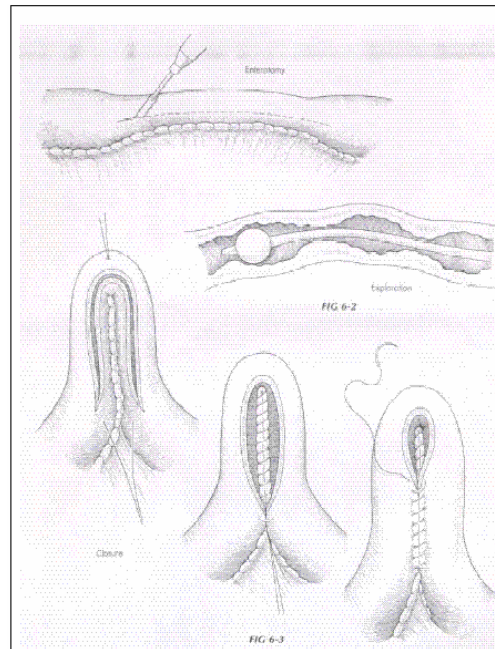
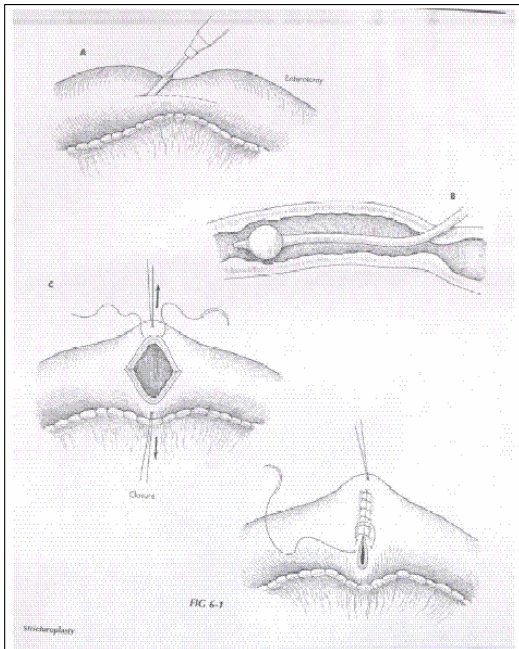
Treatment

- **Medical:**
 - Aminosalicylate (5ASA) (sulfasalazine/mesalamine)
 - Corticosteroid (prednisone)
 - Antibiotics (flagyl/cipro...)
 - Immunosuppression (6-MP/Azothioprine)
 - Anticytokines (inflixamab)
- **Surgery:**
 - Ileocecal resection
 - TPC and ileostomy
 - Total abdominal colectomy and ileorectal anastomosis
 - STC with ileostomy and Hartman's closure of rectum or mucous fistula
 - Segmental colectomy and colocolic anastomosis
 - TPC and ileal pouch anal anastomosis
 - Strictureplasty



Recurrence: trigger unknown

- frequent, sometimes very short post op period
- 78 % at 20 yrs / 90 % at 30 yrs of symptoms
- symptomatic recurrence:
 - 3 months: 33%
 - 6 months: 20-37%
 - 1 year: 34-86%
- Endoscopic recurrence:
 - 3 months: 60%-73 %
 - 6 months: 84%
 - 1year: 73-100%
- Diversion of fecal stream proximal to ileocolonic anastomosis delays/prevents recurrence; ileostomy reversal will cause fast recurrence in same patients.



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March 23, 2006