

LAPAROSCOPIC SIGMOIDECTOMY FOR FISTULIZED DIVERTICULITIS. S. Laurent, B. Detroz, O. Detry, M. Meurisse, P. Honoré. Dpt of Abdominal Surgery, CHU Sart Tilman, Liège.

**Background :** Nowadays colo-rectal laparoscopic surgery has shown its advantages in terms of reduced post-operative pain, earlier recovery of intestinal peristalsis and shorter hospital stay. Few studies reported results of laparoscopic surgery in complicated diverticulitis. The aim of this study was to analyze the results of laparoscopic sigmoidectomy in patients with fistulized sigmoiditis.

**Methods :** The authors retrospectively reviewed 16 patients operated on for fistulized sigmoidectomy between 1992 and 2003, in a series of 247 laparoscopic colectomies. Eleven patients presented with colo-vesical fistula, 4 with colovaginal and one with colo-cutaneous fistula, and all were caused by sigmoiditis. The procedure always consisted in coelioscopic sigmoidectomy with stapled transanal suture and eventually closure of the cystic or vaginal orifice.

**Results :** Mean age was 60 years (range : 39 to 78 years). Mean number of diverticulitis crises before operation was 3 (range : 1 to 5). Mean time between the last crisis and operation was 46 weeks (range : 2 to 250 weeks). Three cases (18.7%) were converted in the three first years of experience. Reason to conversion was necessary intestinal resection, splenectomy and wound of anterior rectum. The mean operating time was 172 min (range : 100 to 280 min). Mean hospitalization stay was 5.7 days (3-12 days). Mortality rate was 0%. Postoperative morbidity (12.5%) consisted in one pulmonary infection and one splenectomy. Long-term follow-up demonstrated no diverticulitis recurrence and one incisional hernia.

**Conclusion :** In experienced hands, laparoscopic sigmoidectomy may be a safe and effective procedure for fistulized sigmoiditis.

CAPSULE ENDOSCOPY EXAMINATION OF PATIENTS WITH OBSCURE GASTROINTESTINAL BLEEDING : EVALUATION OF THE CLINICAL IMPACT. C. Moreno, M. Arvanitakis, J. Devière, A. Van Gossum. Dpt of Gastroenterology, Erasme University Hospital.

**Background :** Capsule Endoscopy (CE) has been reported to contribute to the diagnostic management of patients with obscure gastrointestinal bleeding (OGB). Nevertheless, clinical outcome data is lacking. The aim of our study was to determine the clinical outcome of patients undergoing CE for investigation of OGB.

**Methods :** 38 patients who were referred to our department for investigation of OGB and who underwent a CE examination (M2A Given Imaging) were included in this study. Patients, by definition, had had previous endoscopies (upper gastrointestinal endoscopy and colonoscopy) that had failed to identify a bleeding source. A questionnaire was sent to the referring doctors 4 to 26 months after the capsule investigation. The following items were investigated : the final diagnosis of OGB, the treatment applied and the clinical outcome.

**Results :** Data was recorded for 26 patients out of 38 (17F, 9M). The mean age was 63 years (range, 21-84). *Positive findings :* a positive finding, defined as a possible cause of OGB observed during CE, was noted in 10 patients (Diagnostic yield=38,5%). Findings included small bowel lesions in 6 cases and gastroduodenal lesions in 4 cases. As a result of the capsule investigation, specific therapy was administered in 8 patients (surgery=2, endoscopic=2, medical=4). Six of the 8 patients treated had no further anemia. Amongst the two patients who had no treatment, one deceased and the other was considered inapt for surgery because of heart failure. Final diagnosis of OGB, based on surgery findings or complementary endoscopy or small bowel XR studies, was in accord with positive findings of CE in all these 10 patients. *Negative findings :* Amongst the 16 patients with a negative CE, 10 had a digestive lesion (3 small bowel lesions, based on surgery or small bowel XR studies) as a final diagnosis.

**Conclusion :** Despite the relatively low diagnostic yield of 38,5%, patients with a positive result at CE had further intervention in 80% and were successfully treated in 60% of cases. We had no false positive results in this study, which suggests a high positive predictive value of CE of 100%.