

STRICTUREPLASTY IN CROHN DISEASE: SHORT AND LONG TERM FOLLOW-UP

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Background: Small bowel strictureplasty in obstructive Crohn's disease is still controversial because lesions are left in place and the repair is performed on a diseased bowel. Bowel resection with sutures in sane tissue may provide less complication and a lower recurrence rate.

Methods: We report the retrospective long-term results of 68 strictureplasties performed in 18 patients suffering of obstructive Crohn's disease over a ten-year period. The main indication for operation was small bowel occlusion unresponsive to medical treatment. The surgical technique of strictureplasty included identification of bowel strictures during laparotomy by inspection, by palpation and sometimes by calibration with a Folley probe. At least one hand-sewn strictureplasty with continuous absorbable suture was performed in all patients. If abscess or fistula was demonstrated, or if stricture length was >10cm, resection was preferred. The number of strictureplasties performed, the need for concomitant bowel resection and the length of resected bowel were retrieved from the operative report. Fifteen patients (83%) underwent synchronous bowel resection.

Results: Median follow-up was 63 months (range 12 to 144). Perioperative mortality and morbidity were 0% and 11%, respectively (one wound abscess and one anastomotic leakage). Immediately after strictureplasty, 88% patients noted relief of obstructive symptoms. At 6 months follow-up, 2 (11%) and 8 (44%) patients reported moderate or marked clinical improvement, respectively. Three patients reported minimal to unchanged symptoms, and two patients reported worsening in clinical status. An average weight gain of 4.8 kg (range 0 to 10) was reported at 6 months follow-up. At long term, symptomatic recurrence was medically treated in hospital for 4 patients (22.2%) with a recurrence delay range 19 to 49 months. Need for reintervention was 5.5% (one case, 48 months after strictureplasty). In this case, the occlusive site was distant from the previous strictureplasty.

Conclusion: These results, comparable to the recent literature reports, showed that strictureplasty is a safe and efficient procedure in selected patients undergoing surgery for obstructive Crohn's disease. It provided an efficient bowel sparing option in surgical cases of Crohn's disease.