Medium term follow up of side-to-side isoperistaltic strictureplasty in Crohn’s disease assessed by colonoscopy and MRE: a prospective cohort series


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Isoperistaltic: Michelassi

Michelassi F. *Dis Colon Rectum* 1996; 39: 345-349
(Primary) stricturing terminal ileal disease

Ileocecal valve
Isoperistaltic strictureplasty extending over ileocaecal valve
Obstructing Crohn’s disease patients → Colonoscopy MRE (eventually CTE) → MDT → Planned Michelassi → Surgical assessment → Performed Michelassi → MRE & colonoscopy after 6 months

Planned Michelassi → Surgical assessment → Performed Michelassi

Planned Resection → Surgical assessment → Performed resection
• N = 21 pts
  – 9 males
  – Median age 33yrs (range 16 – 71)

• June 2009 – April 2013

• Median disease duration: 10 yrs (range 0 – 33 yrs)
additional surgery
(n= 16 patients)

- strictureplasties (34) in 10 patients
  HM  30
  Finney 2
  Judd 2

- segmental resections (8)

- anterior resection (1)

- repair after Hartmann (1)
Length diseased segment
Length of stay
median 10 days (6-17)
median postop ileus 5 days
Morbidity / no mortality

<table>
<thead>
<tr>
<th>Condition</th>
<th>Incidence</th>
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<tbody>
<tr>
<td>No morbidity</td>
<td>10 pts</td>
</tr>
<tr>
<td>Anal blood loss</td>
<td>1 pt</td>
</tr>
<tr>
<td>SSI</td>
<td>1 pt</td>
</tr>
<tr>
<td>Fever</td>
<td>6 pts</td>
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<tr>
<td>leakage</td>
<td>1 pt</td>
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</tbody>
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Salvage possible

Median number of days of ileus = 5 days (range 2 – 12)
Postop colonoscopy

• Median time to first colonoscopy = 6m (range 3 – 22m)

• 17/21 had colonoscopy

• Evaluated using SES-CD and Rutgeerts score in 15 pts

→ no scoring system developed for strictureplasties!
Postop MRE

• 18/21 pts had MRE performed at our center
• Median time to MRE = 13m (range 3 – 36m)
6 months after Michelassi
Clinical and surgical outcome

No surgical recurrence over median follow up of 16m (range 1 – 44m)

7 / 21 patients developed clinical recurrence at a median time interval of 14 months (range 4 – 24m)
Conclusions

- (non) conventional strictureplasties expand the possibilities for bowel preservation

- Acceptable postoperative morbidity

- Long-term results awaited

- Interesting model to understand mucosal, bowel wall healing and bowel function in Crohn’s disease