

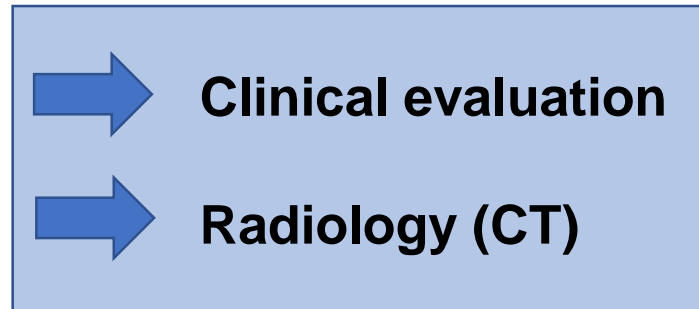
Koloproktologische Notfälle

Colon Ileus

Bern 2020

Etiology

- Colonic pseudo-obstruction (Ogilvie's syndrome)
- Acute benign large bowel obstruction
 - Volvulus
 - adhesions
 - postoperative strictures
 - diverticula
 - fecal impaction
 - hernia
 - ischemic colitis
 - bezoar
 - intussusception
 - retroperitoneal fibrosis
 - IBD
 - gallstones
 - appendix mucocele
 - endometriosis
 - mycobacterium
- Acute malignant large bowel obstruction
 - colorectal cancer
 - pancreatic cancer
 - ovarian cancer
 - lymphoma



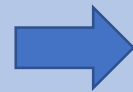
CT sensitivity, specificity and accuracy: 71 – 91 %

Atri et al Eur J Radiol 2009;71:135–40

Beall et al. Clin Radiol 2002;57:719–724

What next ?

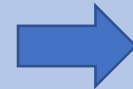
- Conservative treatment: Laxatives, NGT ?
- Endoscopy ?
- Surgery ?



Who is on duty



What time is it ?



(Insurance)

Etiology

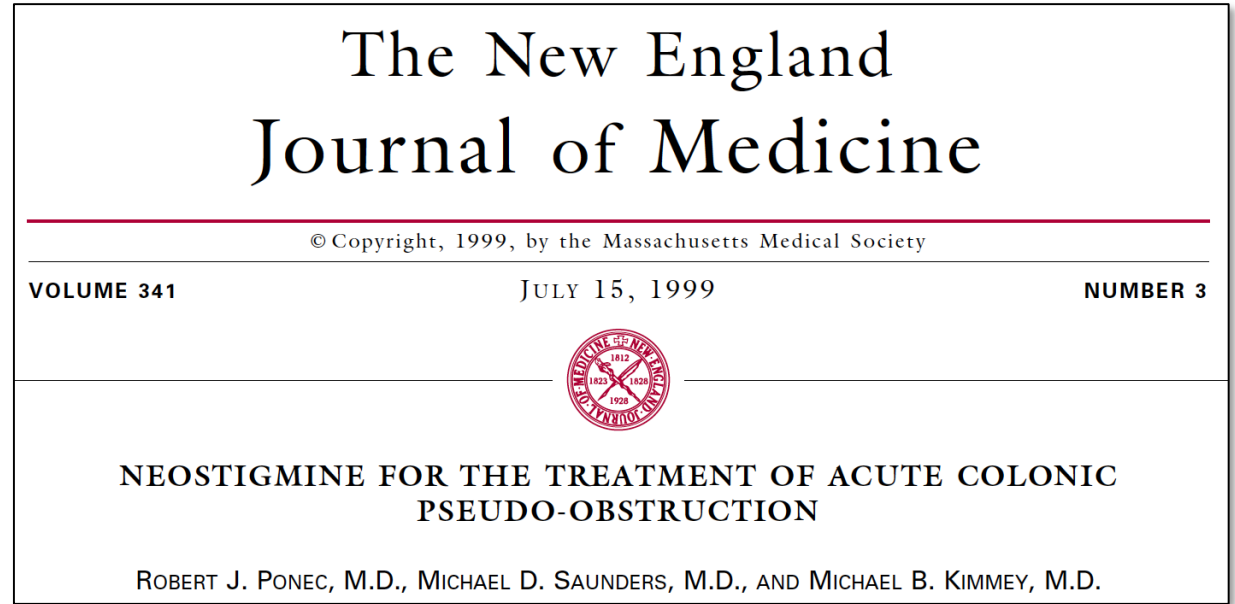
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Colonic pseudo-obstruction (Ogilvie's syndrome)

- hospitalized patients
- spontaneous perforation 3 %
- mortality rate 50 %



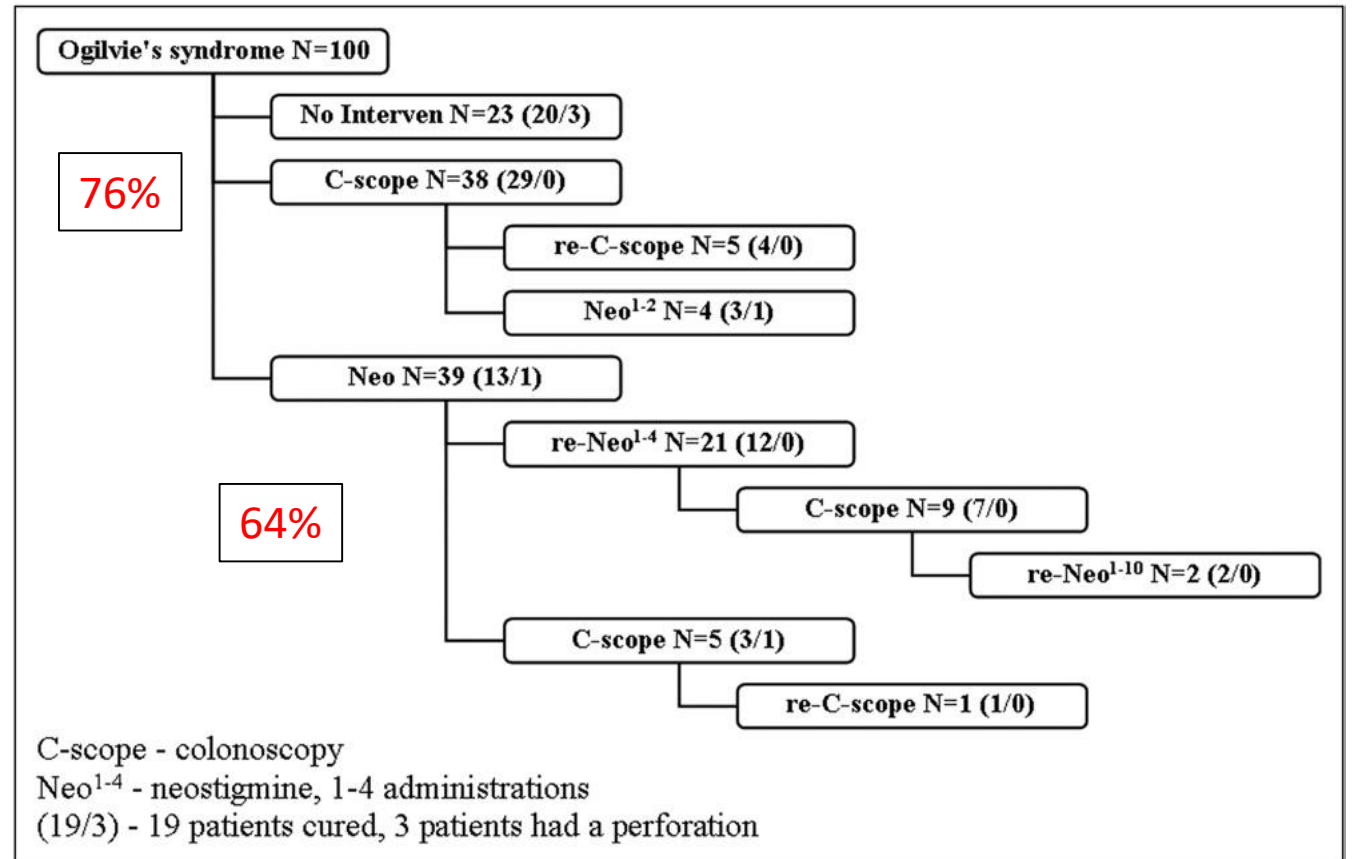
2.0 mg neostigmine iv 3-5 minutes
if no success, 3 hours later: 2.0 mg neostigmine iv 3-5 minutes

100% success rate

Ogilvie's syndrome: Neostigmin vs. endoscopy

Tsirline et al. (USA)
The American Journal of Surgery (2012) 204, 849–855

Retrospective study

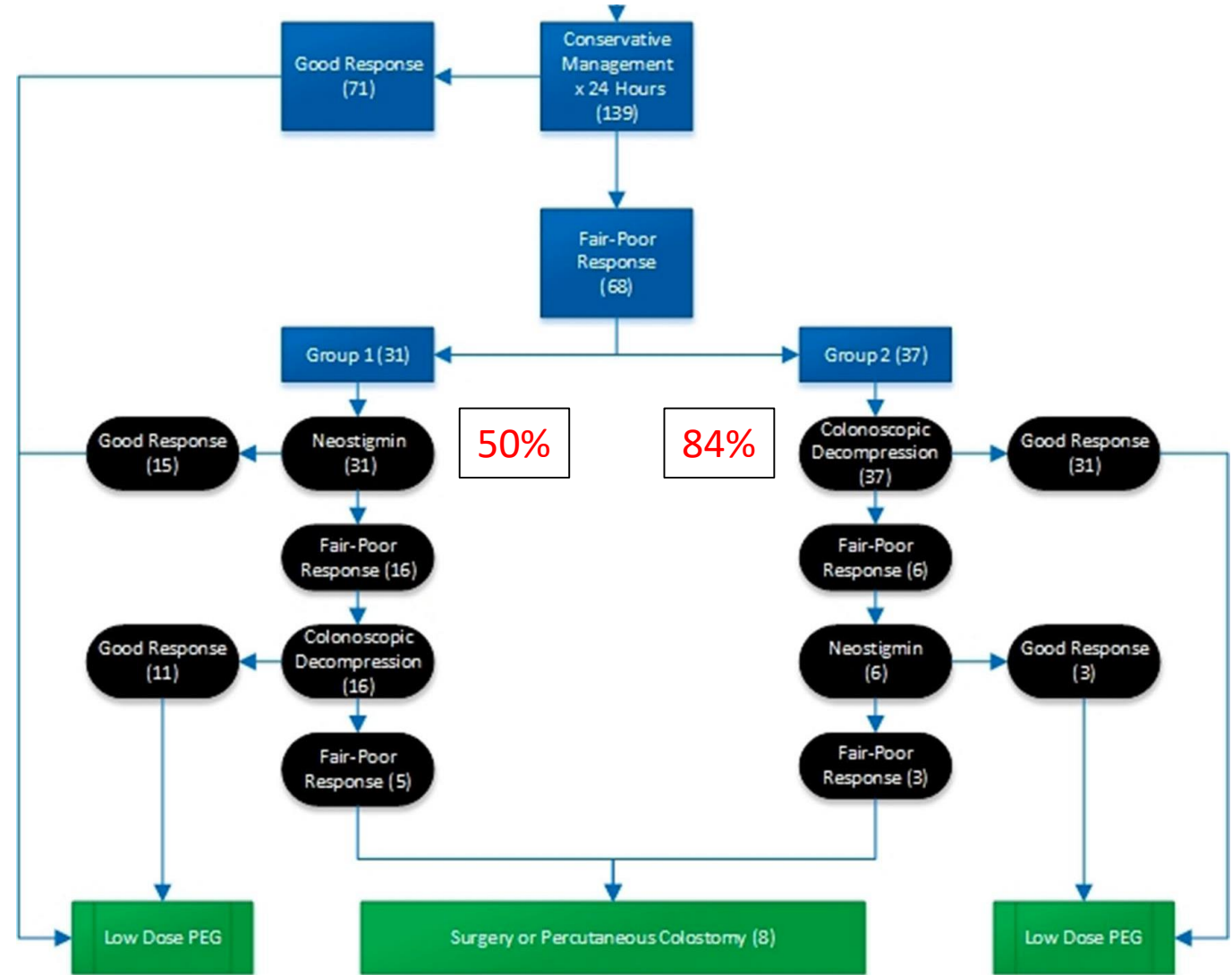


3 perforations

Ogilvie's syndrome: Neostigmin vs. endoscopy

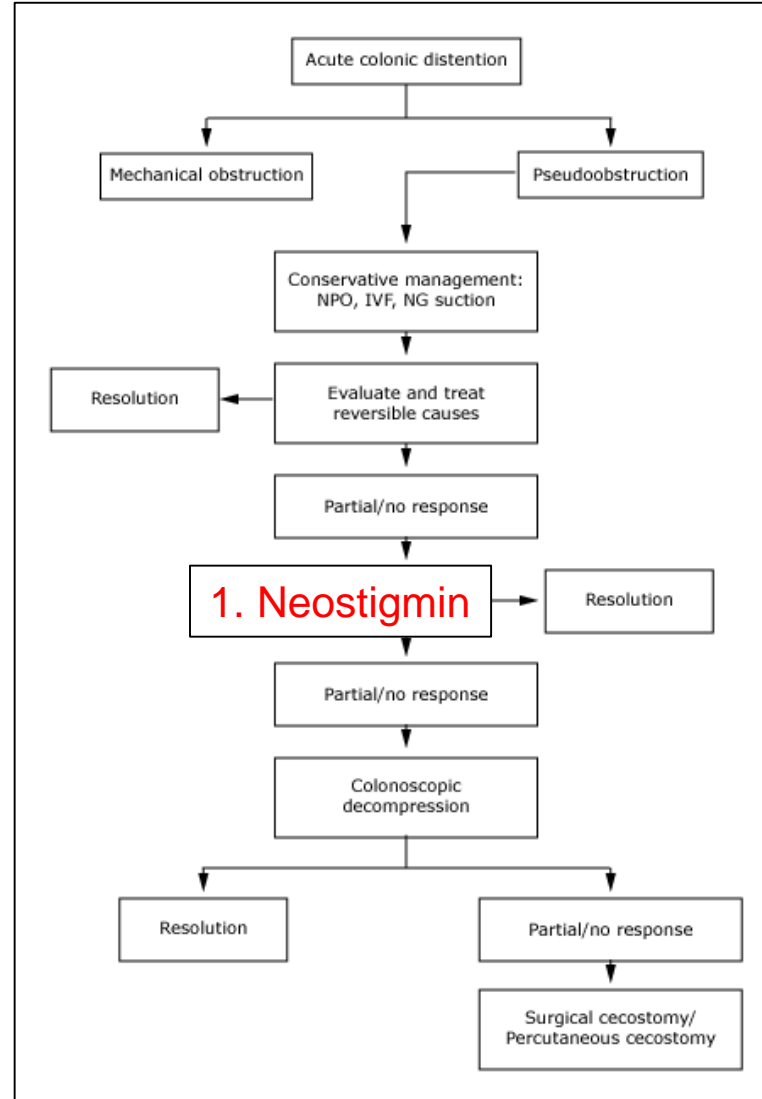
Peker et al. (Turkey)
Eur J Trauma Emerg Surg (2017) 43:557–566

Retrospective study
no perforation



Colonic pseudo-obstruction (Ogilvie's syndrome)

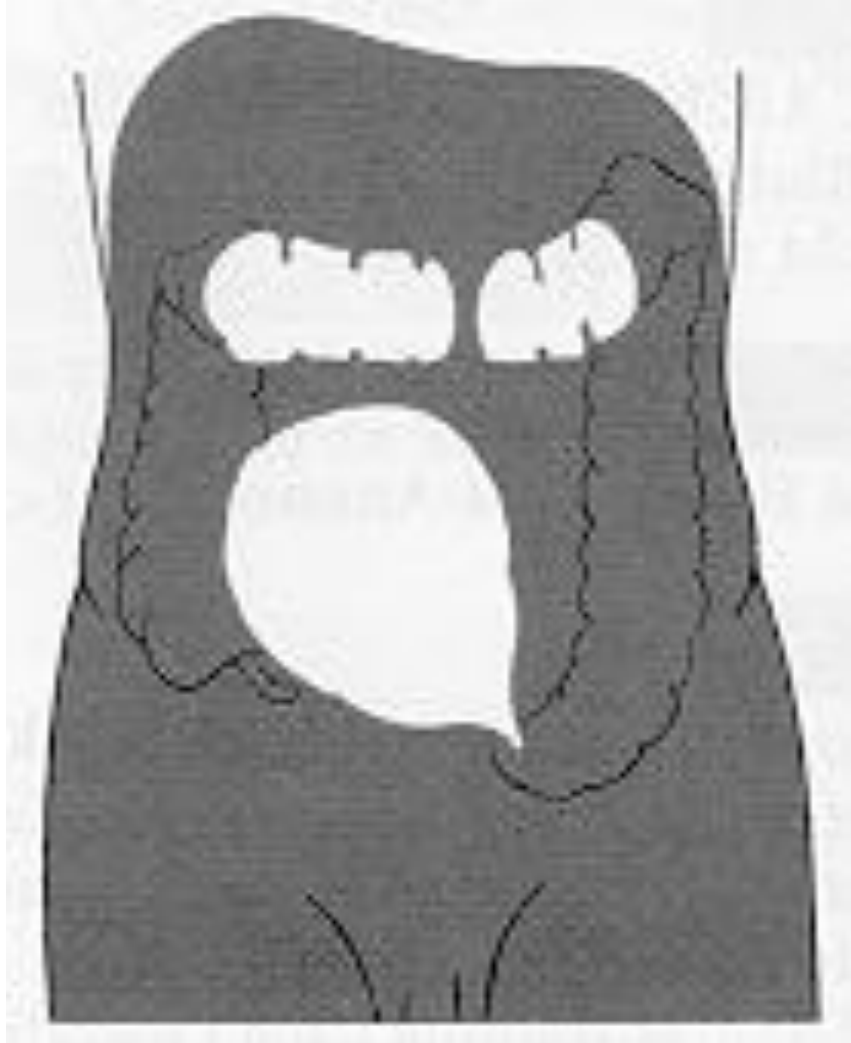
Conclusion
= uptodate:



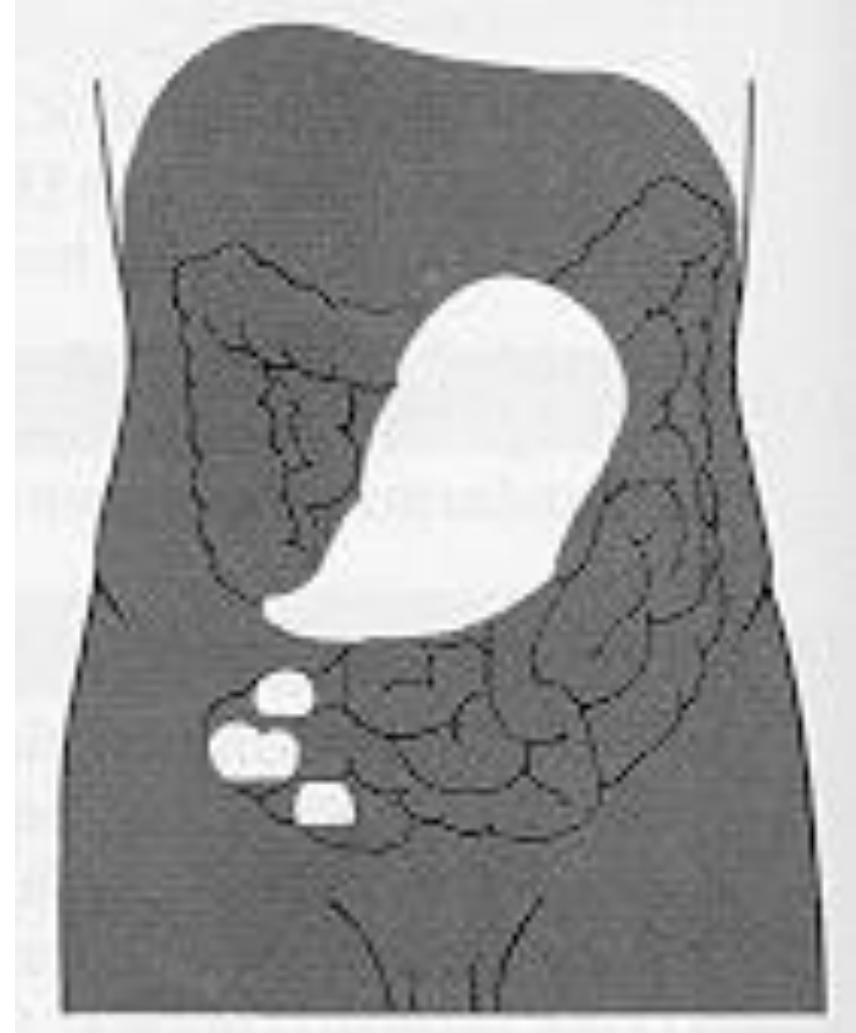
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Volvulus



Sigmavolvulus



Zökumvolvulus

4

3.5cm
R40

F

.992:1/0.62sp

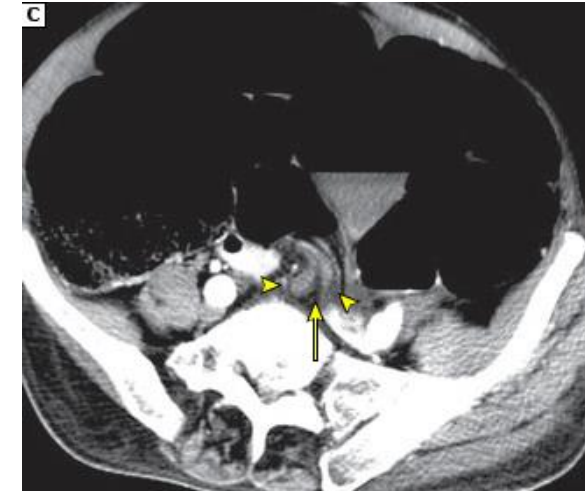
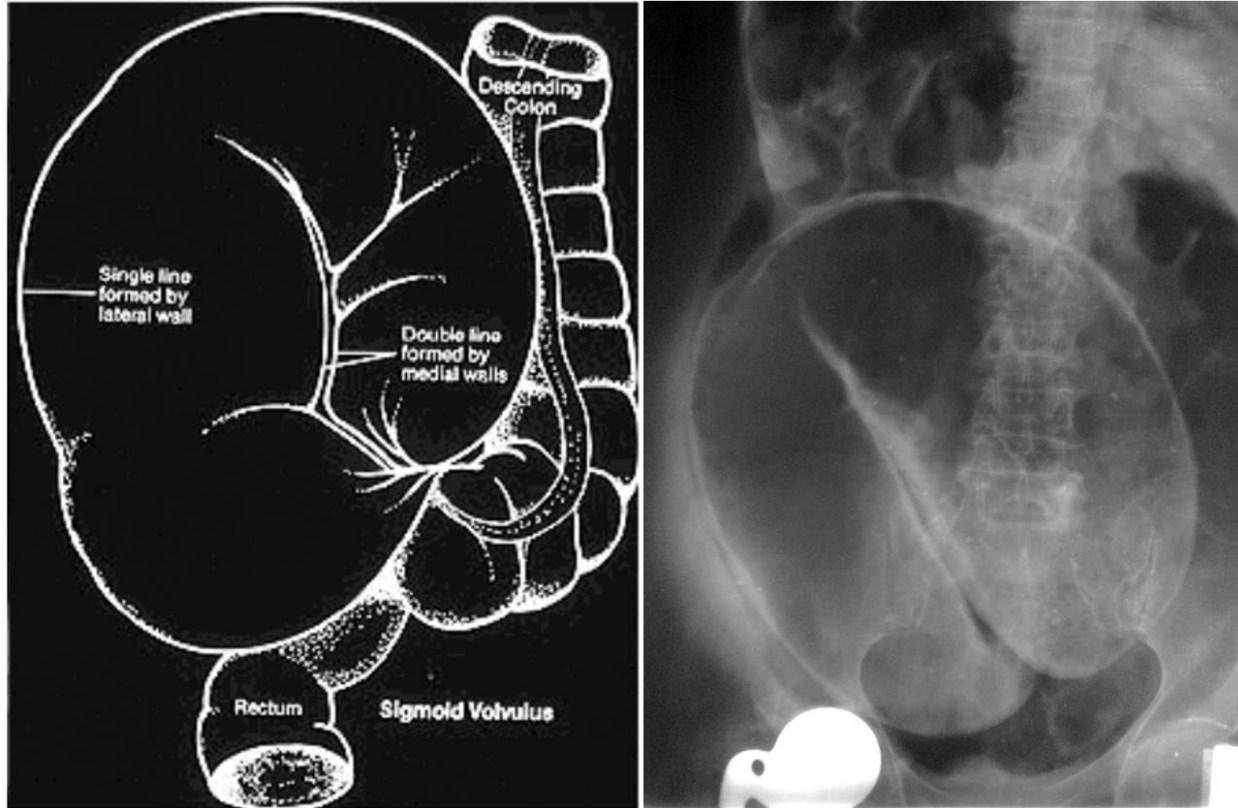




sp



Sigma Volvulus: Radiology signs



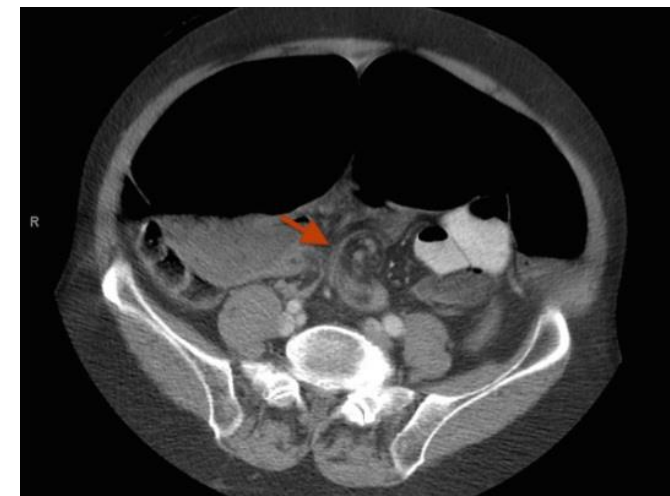
Split-wall sign

Levsky JM, Den EI, AJR Am J Roentgenol 2010

Diagnostic in 60-90%

Coffee bean sign

Burrell HC, Clin Radiol 1994
Osiro SB, Am Surg 2012



Whirl-sign

Sigma Volvulus

Johansson N, Colorectal Dis 2017 (SWE)

Retrospective single-center cohort study

128 patients, 453 admissions 2000-2016

Decompression colonoscopy in 97% (438/453)

overall success: 92% (403/438)

Relapse: 84% (interval 58 days)

Mortality:

Elective surgery: 3.3% (2/61)

Emergency: 13.0% (6/46)

Cecal volvulus

Renzulli et al. Dig Surg 2002;19:223–9

Consorti et al. Postgrad Med J 2005;81:772–6

30% success rate for endoscopic detorsion

→ surgery first

Asian Journal of Endoscopic Surgery

Official Journal of JSES, ELSA, and AETF

Asian J Endosc Surg ISSN 1758-5902

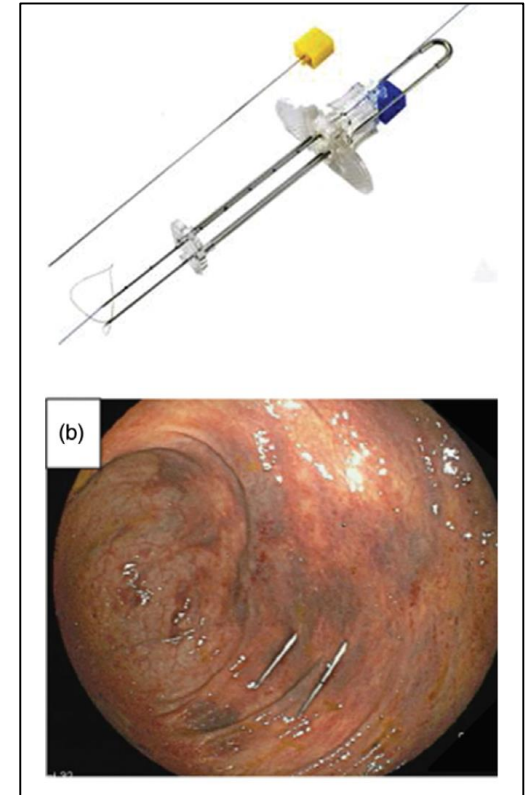
CASE REPORT

Case of cecal volvulus successfully treated with endoscopic colopexy

Yuki Sakamoto,^{1,2} Yukiharu Hiyoshi,² Kazuya Sakata,¹ Eiichiro Toyama,¹ Noboru Takata,¹ Ichiro Yoshinaka,¹ Kazunori Harada¹ & Hideo Baba²

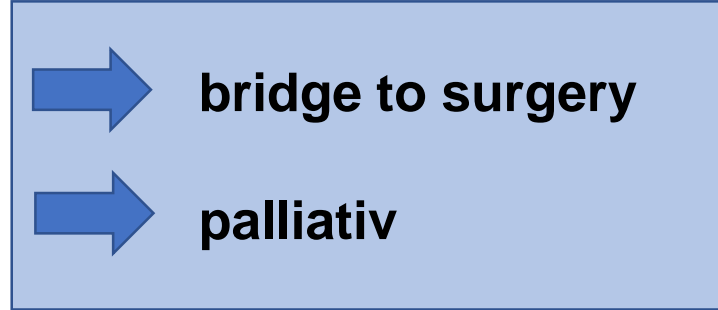
¹ Department of Surgery, Amakusa Medical Center, Kumamoto, Japan

² Department of Gastroenterological Surgery, Graduate School of Medical Sciences, Kumamoto University, Kumamoto, Japan



Etiology

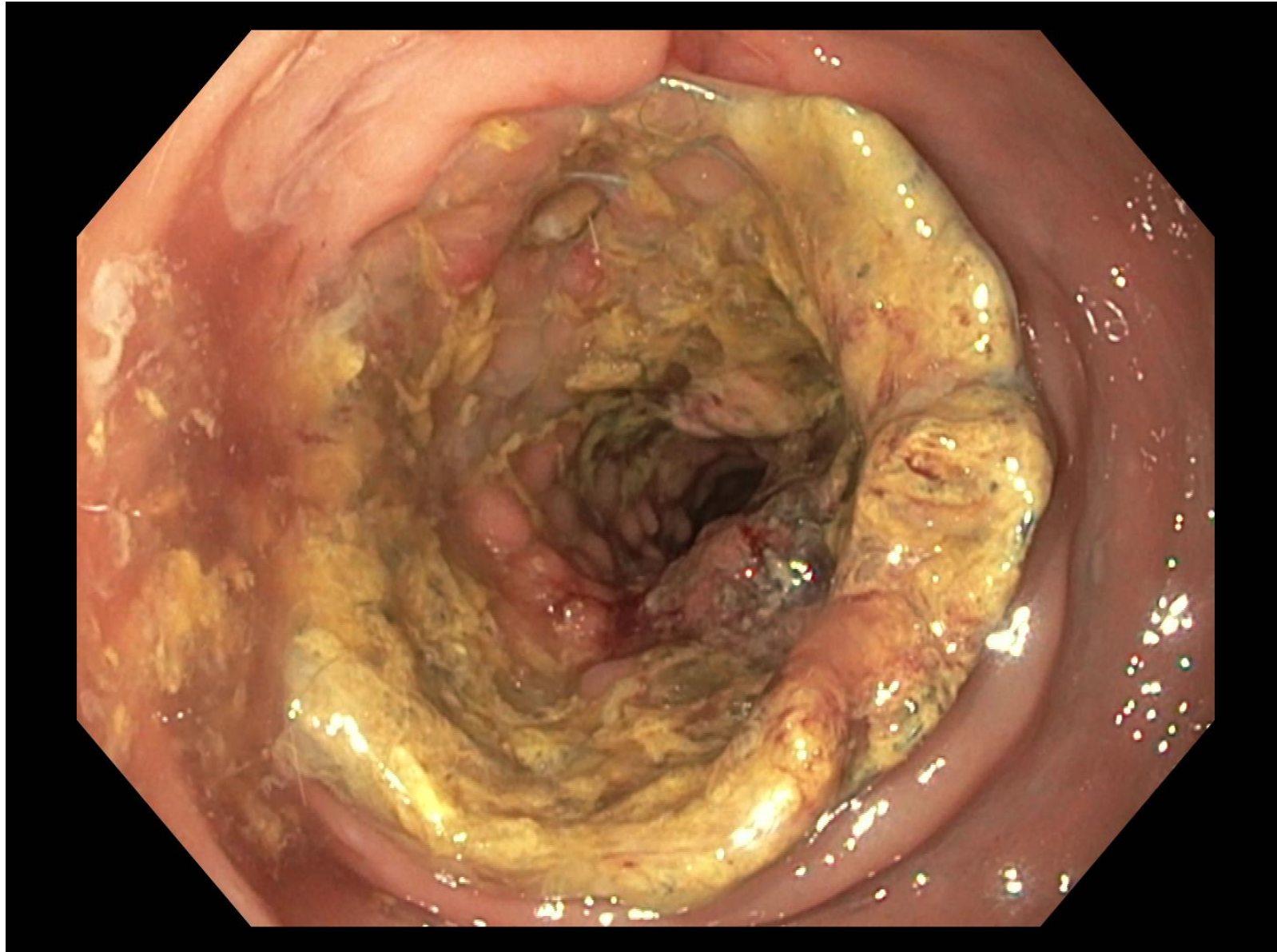
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bridge to surgery

palliativ

Acute malignant large bowel obstruction: Stents?



Acute malignant large bowel obstruction: Stents?

Bridge to surgery

Potentially curable colonic cancer:
(Right >> Left)

STENT NO

Palliation of malignant colonic obstruction

if treatment with antiangiogenic drugs (e.g. bevacizumab) is considered:

STENT NO

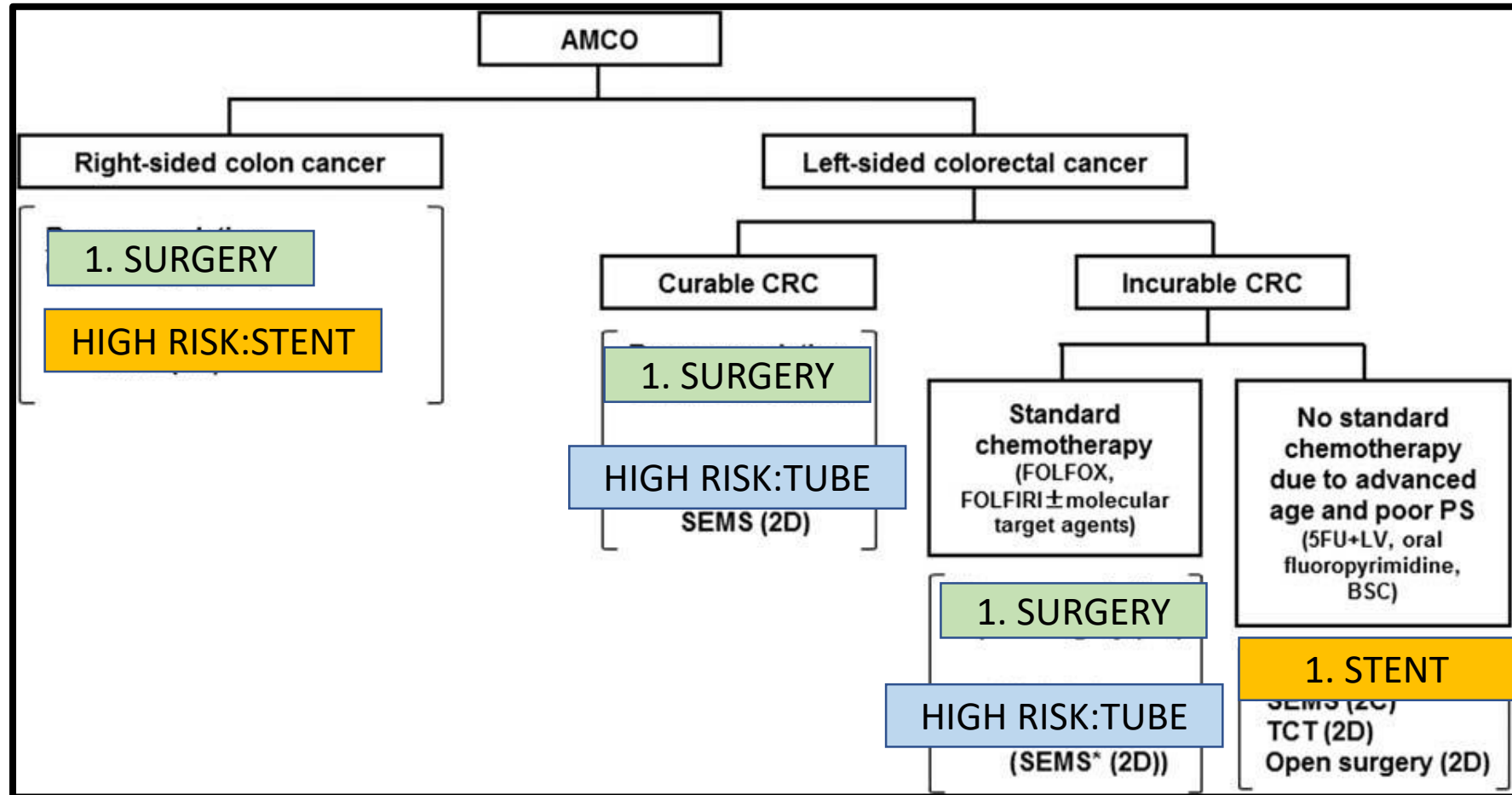
STENT YES:

Bridge to surgery: Patients with increased risk of postoperative mortality
i.e. ASA \geq III and/or age > 70 years

Palliation without standard chemotherapy, short survival

Transanal colorectal tube (TCT)

Shimura Clin Gastroenterol 2016, Volume 50, Number 4 (Harvard USA):



Stent or Tube ?

Xu et al. *Medicine* (2020) 99:2

Systematic Review and Meta-Analysis

Medicine[®]

OPEN

Transanal drainage tubes vs metallic stents for acute malignant left-sided bowel obstruction

A systematic review and meta-analysis

Jing Xu, MD*, Shuai Zhang, MD, PhD, Tao Jiang, MD, Yong-Jie Zhao, MD*

left colon: Stent >> Tube
right colon: Stent > Tube (?)

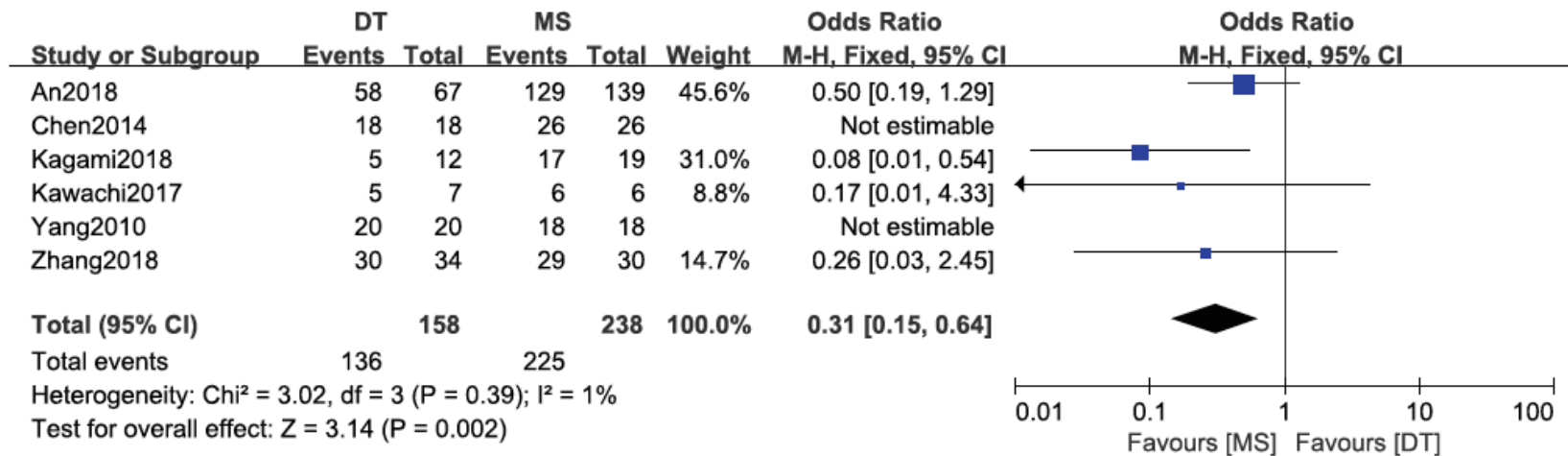


Figure 4. Forest plot of comparison: clinical success rate between drainage tube (DT) and metallic stent (MS) for acute left-sided malignant bowel obstruction.

Stent or Tube ?

Xu et al. Medicine (2020) 99:2

Technical success

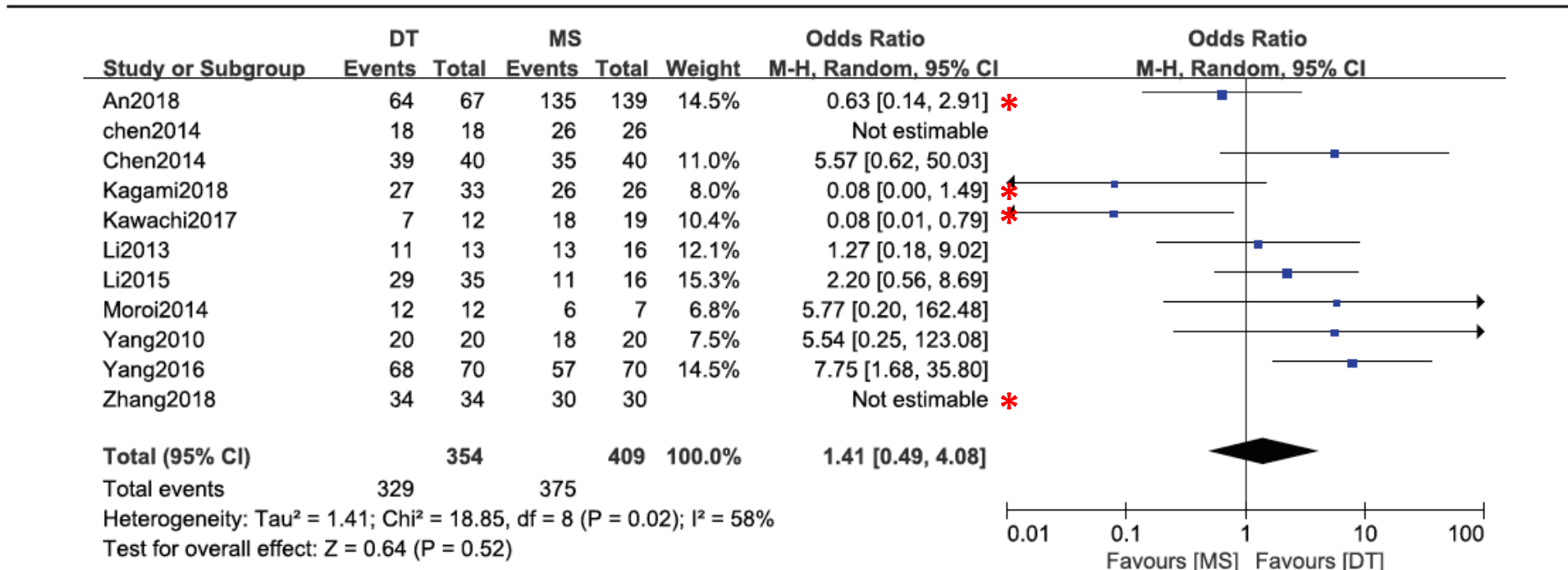
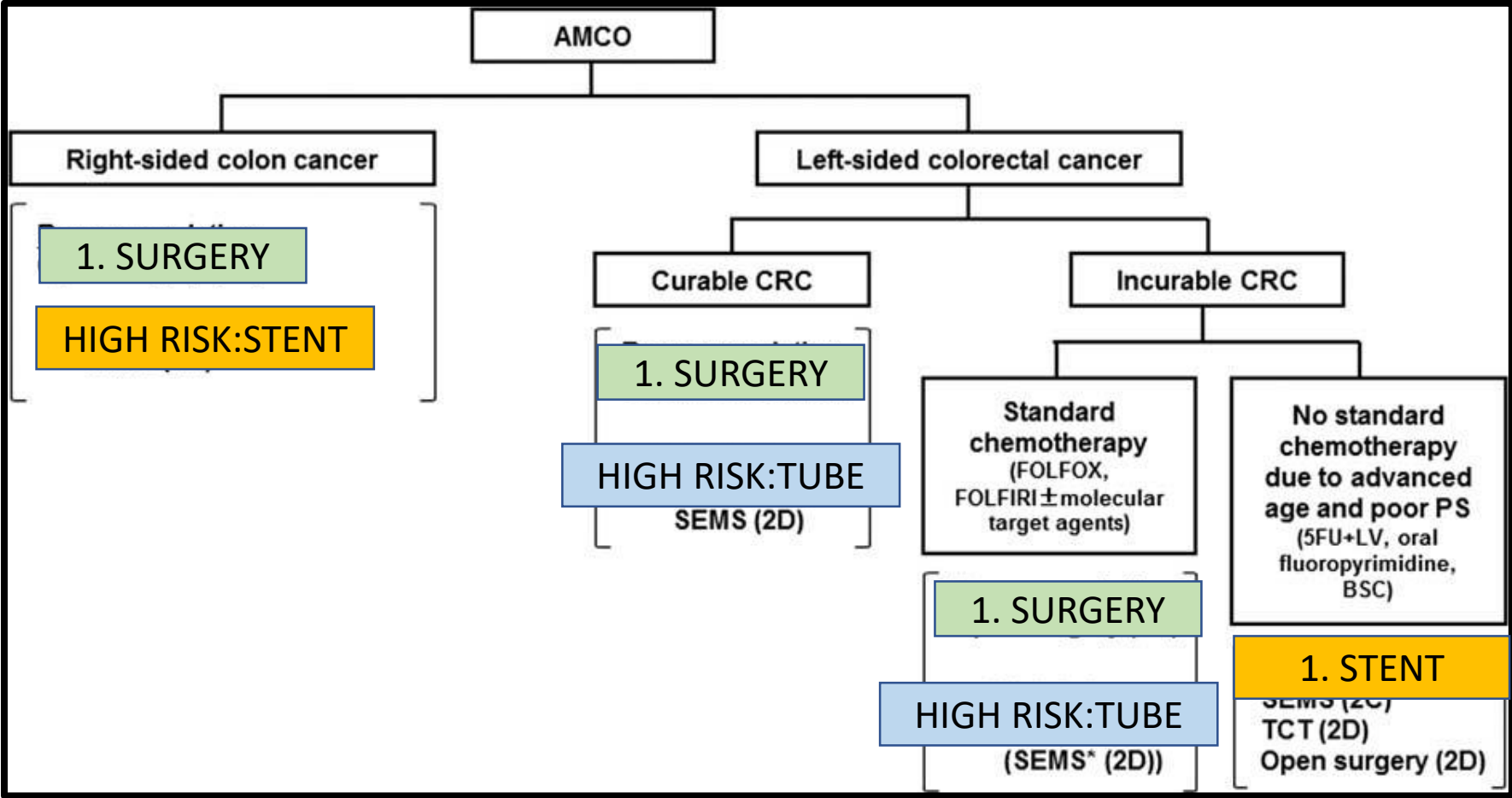


Figure 3. Forest plot of comparison: technical success rate between drainage tube (DT) and metallic stent (MS) for acute left-sided malignant bowel obstruction.

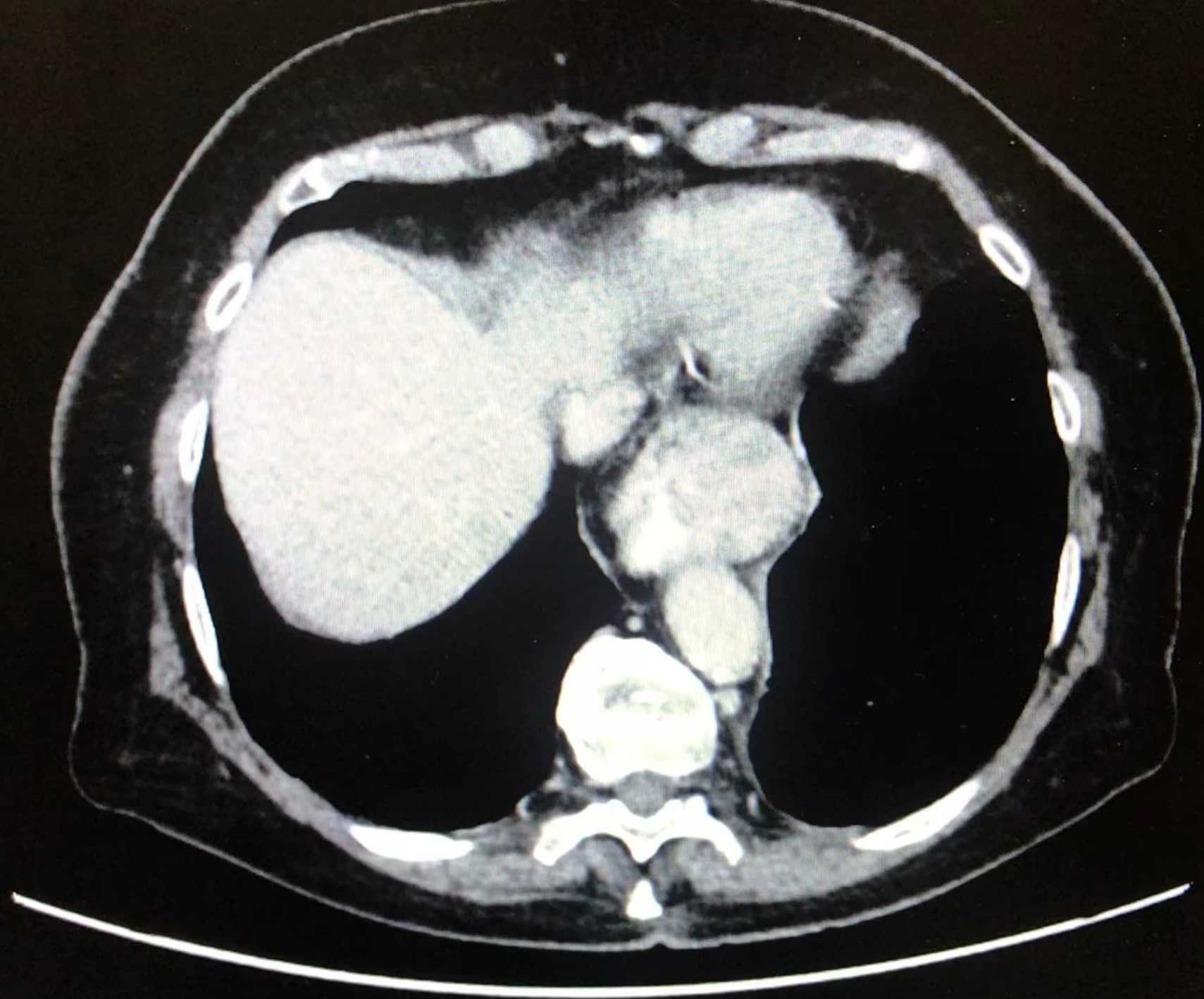
Conclusion

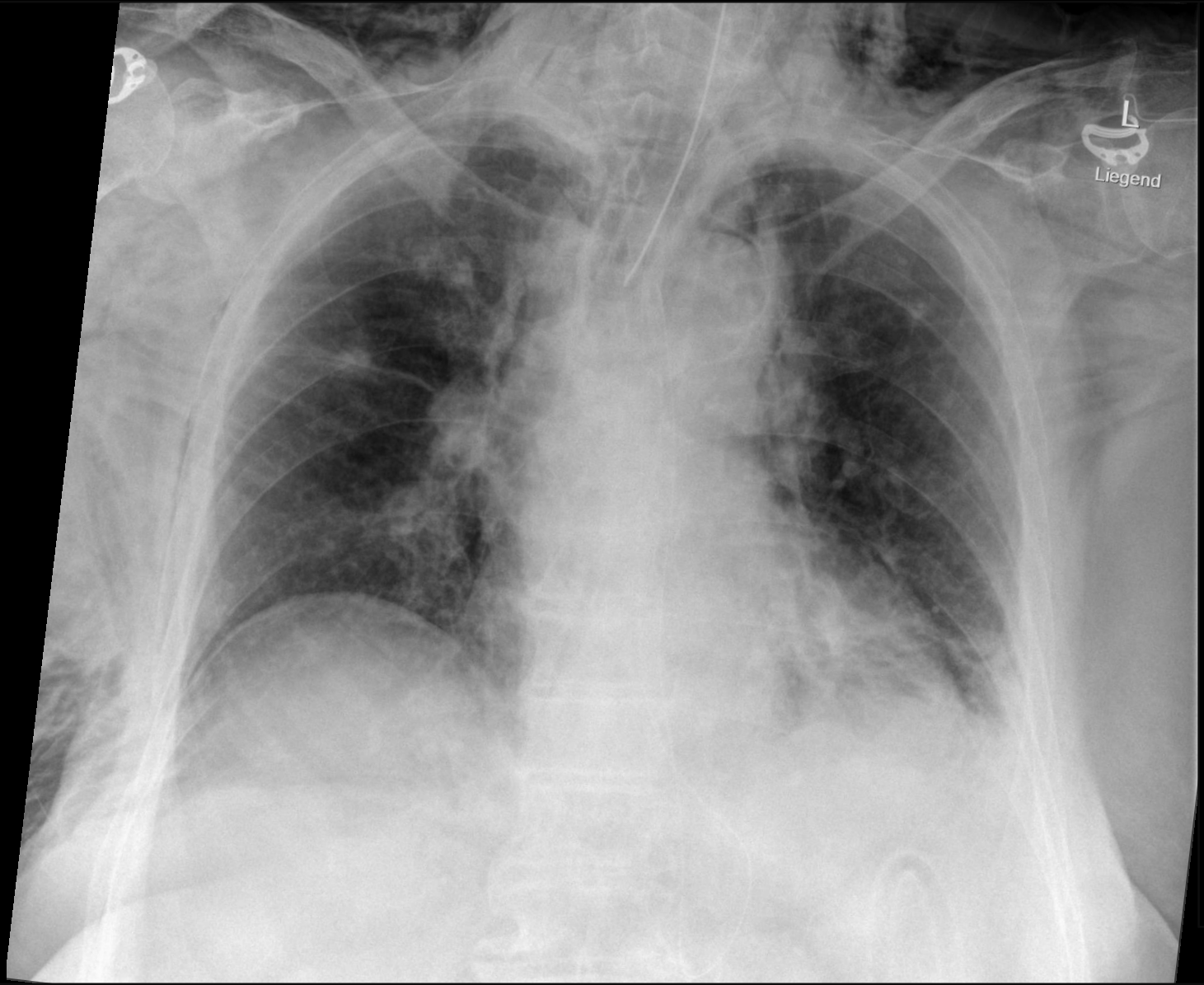
Shimura Clin Gastroenterol 2016, Volume 50, Number 4 (Harvard USA):



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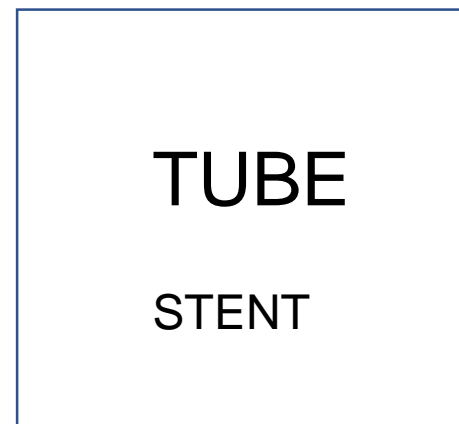


Conclusion

1. Conservative treatment

2. Surgery

3. Endoscopy



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Colon/ colorectal/coloanal Strictures

Methods



Finger



Savary



Balloon



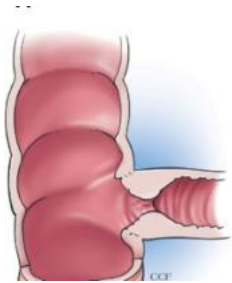
needle
knife



covered
Stent

Colon/ colorectal/coloanal Strictures

crohn's stricture



Balloon
Stent
Balloon&Stent

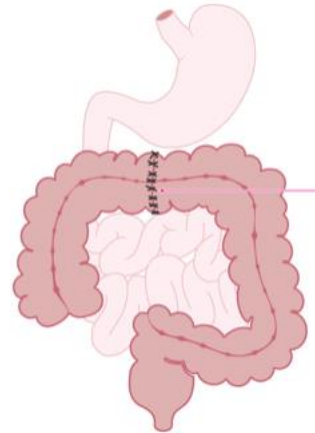
anastomotic stricture



Balloon
Savary
Stent
...&Stent



Finger
Balloon
Savary



Balloon
(Stent)
(Balloon&Stent)

needle
knife

needle
knife

needle
knife

More than 3 -> no success

Werre et al. Endoscopy 2000; 32 (5): 385 (NL)

Colon/ colorectal/coloanal Strictures: Needle Knife

Bravi et al. Surg Endosc (2016) 30:229–232 (It)

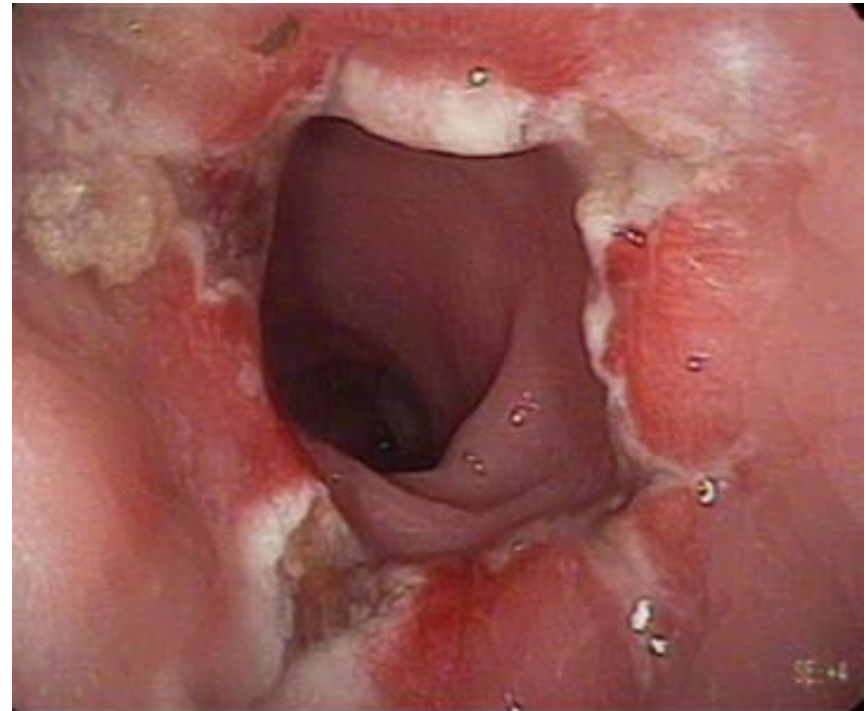
60 patients

37 colorectal anastomosis

17 colo-colic anastomosis

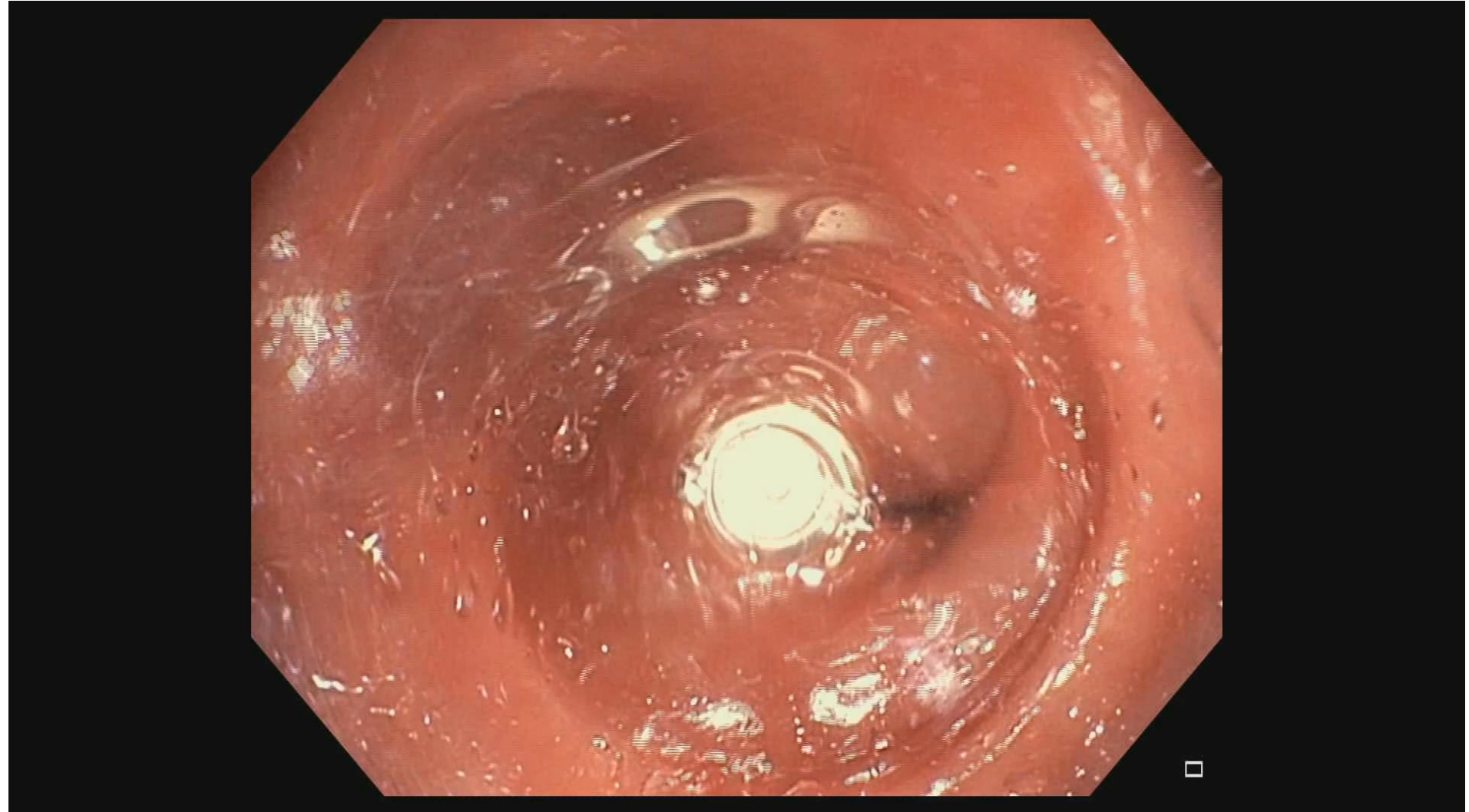
4 ileorectal

Success rate: 57/60



NB: only for annular, short strictures

Colon/ colorectal/coloanal Strictures: Bougie



Thank you !