

## DIAGNOSIS AND SURGICAL TREATMENT OF PERIANAL CROHN'S DISEASE

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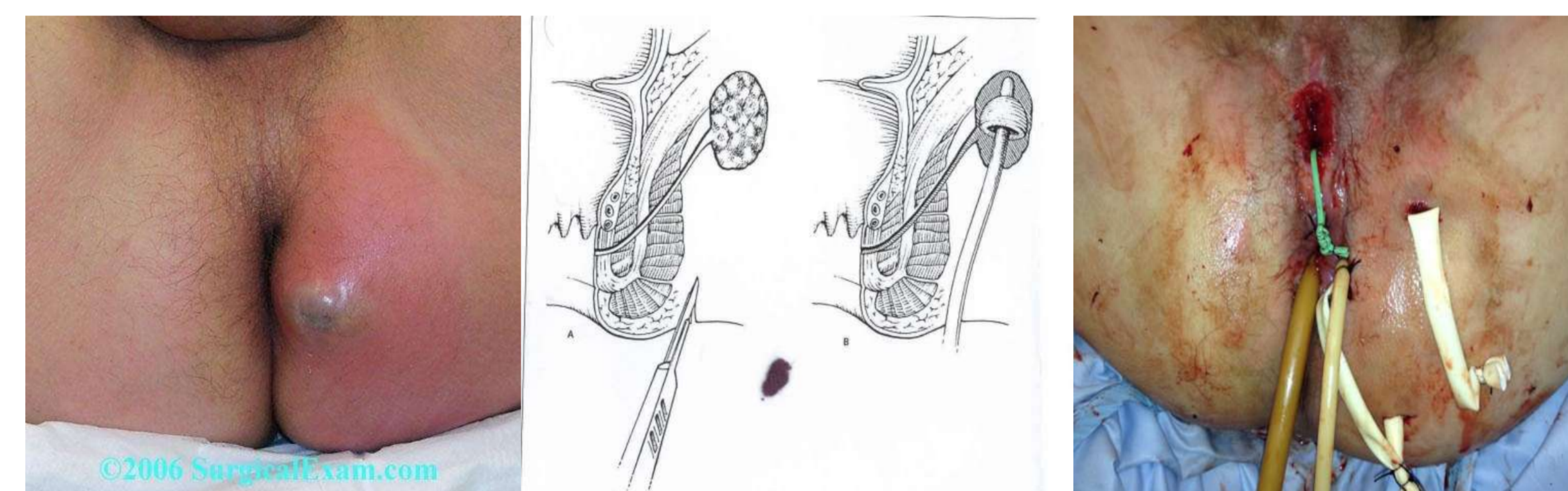
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**Introduction.** Perianal Crohn's disease (pCD) is a chronic inflammation of anal region, manifested by fissures, fistulas, abscesses or strictures. It is a marker of severe CD, associating with multiple relapses and operations. Can evolve in isolation (25%) or strike intestinal CD (75%). Correct early diagnosis, timed surgical implications constitute preconditions for success in the treatment of pCD.

**Purpose.** Improvement of the diagnosis, of the early and late postoperative results in Perianal Crohn's disease (pCD).

**Material and methods.** Retrospective study (2000-2019), based on the analysis of clinical observation files, results of paraclinical explorations and treatment of 52 patients with pCD. The investigation program was included: examination under anesthesia; endoscopy; imaging modalities (MRI, CT, fistulography, endorectal USG); histological explorations (biopsy, specimens). Conservative treatment was according to ECCO Protocol (2012).

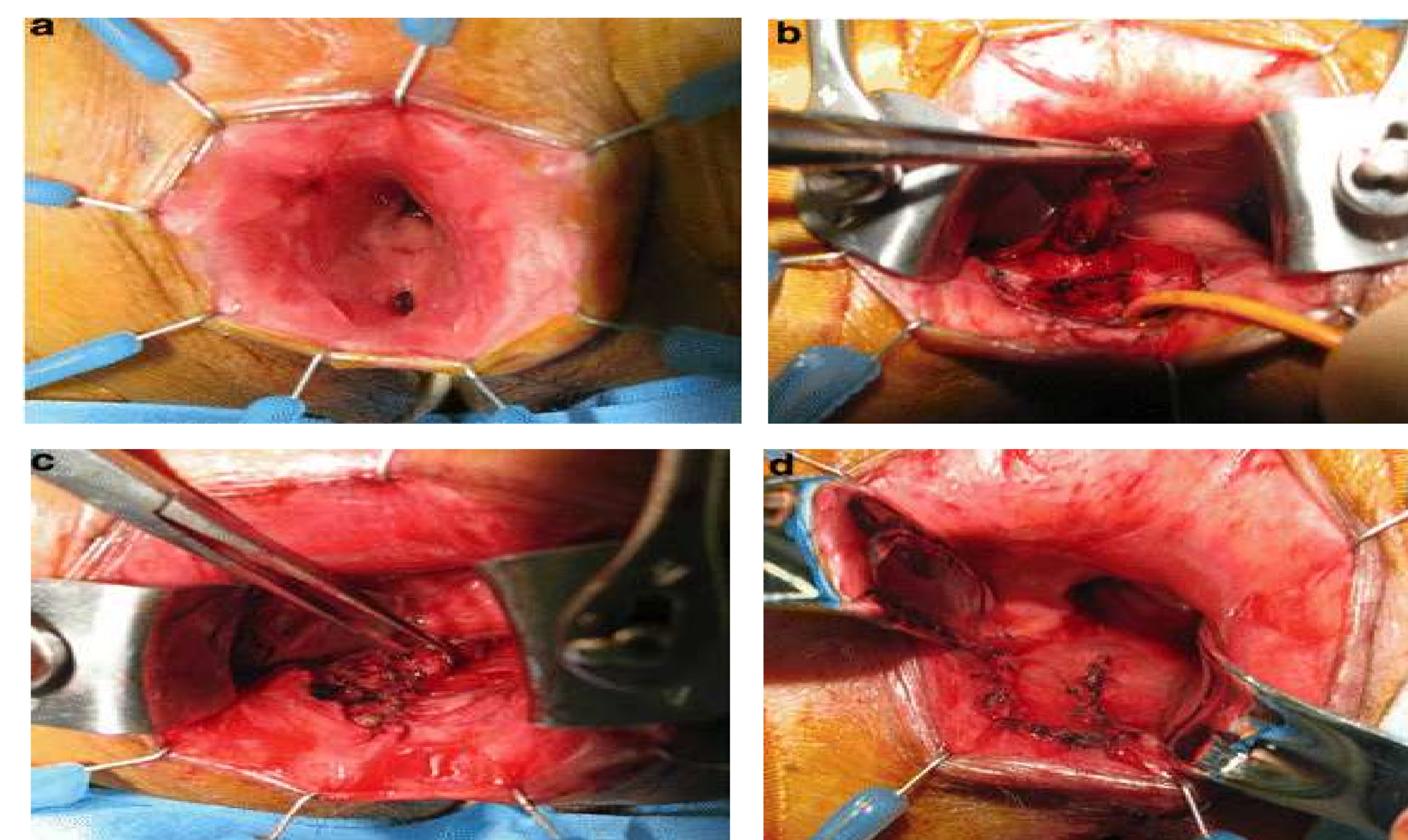
| SENSIBILITY OF THE METHODS OF INVESTIGATIONS IN ASSISTED PATIENTS<br>N = 21 Patients with Perianal Crohn's Disease |                        |
|--|------------------------|
| NAME OF INVESTIGATION  | ACCURACY, (%)          |
| 1. Examination under anaesthesia (EUA)   | 88.4%, (92% CI 75-94%) |
| 2. Endoscopic ultrasound (EUS)   | 91.7%, (94% CI 82-98%) |
| 3. Magnetic resonance imaging (MRI)  | 96.2%, (98% CI 87-99%) |
| 4. Fistulography   | 76.2%, (82% CI 65-86%) |
| Two methods combined   | 98.7%                  |



Drainage of Chron's abscesses



Aplying of Setons for fistulas



Fistula's closing - Advancement mucous flap

**Results.** Based on clinical, radiological, endoscopic and histological data, the definite diagnosis of pCD was possible in 72.7% of cases. Were operated 21 patients with pCD – drainage of perianal abscess (2), closure of the transphincterian fistula on Seton (6), fistulotomy (2), fistulectomy (3), closure of the recto-vaginal (2) or extrasphincterian (3) fistula with "advancement mucous flap", ileostomy (1), rectal resection with anastomosis (1), proctectomy (1).

**Conclusions.** The surgical attitude, individualized in each case, associated with biological therapy (infliximab), allows the essential reduction of relapses (23.8%), postoperative complications (14.3%) and lethality (4.8%).

**Keywords.** Perianal Crohn's disease, catting and staging setons, advancement mucosal flap.