ASPECTS OF DIAGNOSIS AND TREATMENT OF CROHN DISEASE: OUR CLINICAL EXPERIENCE

Introduction: Crohn's disease (CD) is an inflammatory disease of the digestive tract with unspecific symptoms and numerous complications, currently considered incurable. Although surgical involvement is indicated only after the appearance of complications, surgery is an important component of CD management. Studies proved that 70-90% of patients require a surgical intervention at some point during the course of the disease, majority of them need for several operations during lifetime.
Aim of study: Development of standards for CD manegement.
Material and methods: From 1995 until 2014, 83 patients with ileocolonic, rectal, and perianal localization of CD were treated.
Results: Surgery required 37 (44.58%) patients; ileocolonic CD – 22 (59.46%); perianal – 15 (41.54%) cases. In the ileo-colonic localization of CD were performed – 10 (27.02%) segmental resection with anastomosis, 3 (8.1%) stricturoplasty, 9 (24.32%) colectomy. In the perianal location were performed – 3 (8.1%) resection of the rectum, abscess draining – 3 (8.1%) cases; seton fistula draining – in 5 (13.51%) patients, 3 (8.1%) stricturotomy with stricturoplasty, flap plasty of vaginal fistula – in 2 (5.4%) cases. Postoperative lethality – 3 (8.1%) cases, 2 (5.4%) with abdominal localization and 1 patient with colorectal and perianal localization.
Conclusions: Surgical treatment has a relatively high rate of recurrence and major complications, that is why it is promoted in last instance and only in patients who have serious complications of the disease, or intolerance to therapeutic treatment. Surgery is necessary to be promoted at an early stage of the disease, before the development of severe septic complications. Surgical tactics in CD has to be minimally invasive and organs preserved.

VIZIUNI MODERNE ÎN DIAGNOSTICUL ȘI TRATAMENTUL CHIRURGICAL AL BOLILOR INFLAMATORII ALE INTESTINULUI GROS ȘI RECTULUI

HOTINEANU V, TIMIȘ T, ȚURCANU V, BENDELIC V, PALII L, VRABII A

Catedra de Chirurgie nr.2, USMF “Nicolae Testemițanu”, Chișinău, Republica Moldova

Introducere: Diagnosticul precoce corect și implicațiile chirurgicale oportune constituie premizele succesului în tratamentul bolilor inflamatorii ale intestinului.
Scopul lucrării: Îmbunătățirea diagnosticului și rezultatelor postoperatorii în colita ulceroasă nespecifică (CUN) și boala Crohn (BC).
Material și metode: Au fost asistați 285 pacienți cu CUN și 83 pacienți cu BC. S-au operat 79 bolnavi de CUN: urgență – 31 (39,2%), programat – 48 (60,8%) cazuri, respectiv. Operațiile primare realizate: colectomie subtotală proximală (33) sau distală (25), colectomie totală cu ileoplastie (7), colproctectomie (14). Operații reconstructive realizate (timpul II): ileorectoanastomoză (21), ascendostomie transanală (15), IAA Dumitriu-Ravich (7), IPAA în „J” (5), IPAA în „S” (2), sigmoproctectomie (8). S-au operat și 38 (45,7%) bolnavi cu BC: forma intestinală – 20 (52,6%), forma perianală – 18 (47,4%) cazuri, respectiv. Operațiile realizate: rezecția segmentară a intestinului subțire (6) sau gros (4) cu anastomoză, hemicolectomie (5), colectomie subtotală (2), stricturoplastie (3), rezecția rectului cu anastomoză (3), deschiderea și drenarea abcesului perianal (3), drenajul fistulei cu seton (5), stricturotomie anală cu stricturoplastie (3), plastia fistulei cu petic vaginal (2), ileostomie (2).
Rezultate: După reconstrucții (în CUN): rezultate bune – 23 (58,9%), satisfăcătoare – 11 (28,2%), nesatisfăcătoare – 5 (12,9%) bolnavi. Analiza comparativă a rezultatelor postoperatorii în BC (intestinală și perianală) a evidențiat frecvența mai înaltă a recidivelor bolii (15% *vs* 33,3%), operațiilor repetate pentru acestea (10% *vs* 22,2%) și a complicațiilor postoperatorii (20% *vs* 27,7%) în forma perianală.
Concluzii: În baza datelor clinice, radiologice, endoscopice și histologice diagnosticul cert dintre CUN și BC a fost posibil în ≈70% cazuri. Atitudinea medico-chirurgicală, individualizată la fiecare caz, a redus letalitatea postoperatorie la 12,8% (CUN) și 5,0% (BC).

MODERN VIEWS IN THE DIAGNOSIS AND SURGICAL TREATMENT OF INFLAMMATORY BOWEL DISEASE

Introduction: Correct early diagnosis and opportune surgical implications are the keypoints of successful treatment of inflammatory bowel disease (IBD).
The aim of study: Improvement of the diagnosis and postoperative results in ulcerative colitis (UC) and Crohn’s disease (CD).
Material and methods: Were assisted 285 patients with UC and 83 patients with CD. From 79 patients with UC – 31 (39.2%) were operated on emergency and 48 (60.8%) – programmed. Performed primary operations: proximal (33) or distal (25) subtotal colectomia, total colectomia with ileoplastia (7), colproctectomia (14). Performed reconstructive intervences (II stage): ileorectoanasthomosis (21), transanal ascendostomia (15), IAA Dumitriu-Ravich (7), IPAA in ”J” (5) or IPAA in ”S” (2), sigmoproctectomy (8). Were operated 38 (45.7%) from 83 assisted patients with CD, with intestinal – 20 (52.6%) or perianal – 18 (47.4%) location. Types of surgical intervences: segmentary resection of small (6) or large intestine (4) with anasthomosis, hemicolectomia (5), subtotal colectomia (2), stricturoplastia (3), rectal resection with anasthomosis (3), opening and drainage of perianal abscess (3), fistula draining with seton (5), anal stricturotomia/stricturoplastia (3), fistula covering by vaginal path (2), ileostomia (2).
Results: Tardive postoperative results after reconstructive intervences: good – 23 (58.9%), satisfactory – 11 (28.2%), unsatisfactory – 5 (12.9%) cases. Comparative analysis of obtained postoperative results în CD was showed increased frequency of recurences (15% *vs* 33.3%), repeated intervences (10% *vs* 22.2%) and postoperative complications (20% *vs* 27.7%) in perianal CD.
Conclusions: In 70% of cases the clinic, radiologic, endoscopic and histologic exams assured relevant differentiation between UC and CD. The individualized therapeutic and surgical tactics was dimished the postoperative lethality till 12.8% (UC) and 5.0% (CD).