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abstracts

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IS THE PRESERVATION OF THE INFERIOR MESENTERIC ARTERY REAL EFFECTIVE TO REDUCE THE POSTOPERATIVE DEFECATORY DESORDER FOLLOWING LAPAROSCOPIC COLECTOMY FOR DIVERTICULAR DISEASE?

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Objective: Colonic denervation after left hemicolectomy and anterior rectal resection seems to be responsible of their typical postoperative defecatory disorders. This occurred in 70-90% of patients and were also called anterior rectal resection syndrome. To establish if the preservation of inferior mesenteric artery (IMA) performing laparoscopic left hemicolectomy for diverticular disease reduces colonic denervation and improves intestinal functions after surgery, we conduct a RCT.
Methods: All patients with surgical indication for diverticular disease in the period between January 2004 and January 2010 were included in the study. Patients were randomly divided in two groups of treatment and subjected to laparoscopic left hemicolectomy, in the first group (IMAP) the IMA has been preserved in the second group (IMAS) the IMA was sectioned just below left colic artery origin. The presence and intensity of postoperative defecatory disorders was assessed by anorectal manometry and 3 questionnaires (constipation, incontinence and quality of life) 6 months after surgery.
Results: Finally were included in the study 107 patients. The 54 patients, with preserved IMA, showed a statistically lower incidence of defecation disorders (constipation, fragmented evacuations, minor incontinence and alternation bowel function) compared with the 53 patients of IMAS group. Patients of IMAP group also showed lower lifestyle alteration and higher quality of life score than the patients with IMA sectioned.
Conclusions: The study shows that the preservation of IMA is important to reduce the number of defecatory disorders after LH for begin disease and should be recommended.

HEMORRHOIDAL LASER PROCEDURE (HELP) FOR THE TREATMENT OF SYMPTOMATIC HEMORRHOIDS: SHORT-TERM AND LONG-TERM RESULTS FROM A PROSPECTIVE STUDY

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Objective: This prospective study reports our experience after 2 years of regular use of Hemorrhoidal Laser Procedure (HeLP) in patients with symptomatic grade II to III hemorrhoids with minimal/moderate internal mucosal prolapse.
Methods: From April 2010 to June 2012, 97 patients were treated. Data on duration of the procedure, perioperative complications, postoperative pain, downgrading of hemorrhoids, resolution or persistency / recurrence of disease were prospectively collected. Incidence of grade II and III hemorrhoids was 52.5% and 47.5%, respectively. The symptoms most frequently reported by the patients (of any grade of intensity and frequency) were: bleeding (65%), pain (27.8%), itching (21.6%)and recurrent hemorrhoidal acute syndrome (HAS) (32%).
Results: The operations took a median time of 18 minutes (IQR 15-25; range 12-40 minutes). No significant intraoperative complications occurred. No patient required any kind of anesthesia. We observed minor intraoperative bleeding in 9 (9.8%) cases. The median follow-up was 15 months (IQR 10-18; range 6-30 months). Postoperative pain was null in most patients. No patient suffered from rectal tenesmus or alteration of defecation habits. Reduction of symptoms intensity and frequency, as well as of HD grade reached a "plateau" at 3-6 months after HeLP and did not change significantly thereafter. At this evaluation frequency of bleeding, pain, itching and HAS decreased by 76-79%. HD grade showed significant reduction (1 grade reduction in >85% of patients). HD recurrence rate was 5% at 2 years.
Conclusions: Our study demonstrated that HeLP is a safe, effective and painless technique for the treatment of symptomatic grade II-III hemorrhoids with minimal/moderate mucosal prolapse.

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LIVER ABSCESS IN PATIENT WITH ANAL FISTULA: AN UNCOMMON CLINICAL FINDING TO BE AWARE OF

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Objective: Liver abscesses are severe events whose evolution can be fatal if not quickly diagnosed and treated. Most commonly abscesses are due to pyogenic infection but may also be caused by amoebas or viruses. Less frequently the infectious agent remains unknown. The infection can also due to cancers, immunological or metabolic disorders, endoscopic or coloproctological procedures or can be the first sign of specific intestinal diseases (Crohn disease, ulcerative colitis, colorectal-cancer). Surgical treatment, associated with antibiotic therapy, ranges from percutaneous to laparotomic drainage reserving liver resection to non-responders or
severe cases.
Methods: A 63 years old female, with a history of poliomyelitis, developed a complex anal fistula. Due to Marconi therapy performed in childhood, her perianal and buttock areas presented large and stiff scars which did not allow aggressive treatment: she was treated with curettage and draining seton. Many years later she developed an anal abscess in the site of the seton, which required a new curettage of the fistula tract and the abscess cavity. Three days after having been discharge she developed shivering hyperexia, not responding to antibiotic treatment. Therefore she has been readmitted and a CT scan was performed. A liver abscess was found and ultrasound guided percutaneous drainage has been used to evacuate the collection with complete symptoms resolution. The microbiology did not show bacterial or mycotic contamination.
Conclusions: To our knowledge a case of liver abscess secondary to cryptogenic anal fistula has never been reported before. An abdominal CT scan should be performed in cases of persistent fever of unknown origin in patients treated for this anorectal diseases.

EFFECTS OF POSTERIOR TIBIAL NERVE STIMULATION IN INCONTINENT PATIENTS UNRESPONSIVE TO SACRAL NERVE STIMULATION

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Objective: Posterior tibial nerve stimulation (PTNS) has recently been proposed as a minivasive
rehabilitative treatment of functional bowel and urinary disorders. Aim of this study is to test the efficacy of PTNS in the treatment of incontinent patients unresponding to SNS.
Methods: Sixteen patients with fecal/urinary incontinence unresponding to SNS underwent PTNS. The treatment was scheduled in 12 sessions, twice a week for the first month, once for the second. Number of episodes of incontinence, AMS, Wexner, ICIQoL, SF36 and FIQoL scores were administered at baseline, after 3 and 6 months to quantify the severity of disease and patients' quality of life.
Results: All patients completed the treatment without complication. The median AMS score decreased significantly from baseline to 3 months-follow up (96 vs 89, p=0.03), but did not change at 6 month-follow up (96 vs 100, p=0.81). No significant differences were found in Wexner (13 vs 10 vs 13,5, p=0.125 and p=0.812 respectively), FIQoL (65 vs 71,5 vs 56.5, p=0.21 and p=0.25 respectively), SF36 scores (93 vs 98 vs 97,5, p=0.81 and p=0.8125) and in number of episodes/week (15 vs 4 vs 11, p=0.062 and p= 0.125 respectively). Urinary incontinence was present in only 3 patients and did not change after PTNS.
Conclusions: Despite the limitation due to the small sample size, this preliminary experience indicates that PTNS has a weak effect on the severity of fecal incontinence in patients unresponsive to SNS which is however confined to the early post treatment period. PTNS indication in this selected group of patients remain controversial.

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FIBRIN GLUE FOR FISTULA-IN-ANO OF A PATIENT WITH TAKOTSUBO SYNDROME: A CASE REPORT

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Objective: Anal fistulae are a common problem and it is characterized by pain, secretion and discomfort. We report a case of a patient affected by TakoTsubo Syndrome with a recurrent anal fistula treated successfully with fibrin glue application.
Methods: V.M., a 63-year-old woman, presented at our Department for recurrent transphinteric fistula, which involved less of 30% of anal sphincters. This fistula was already treated by a cutting seton. Patient's history was characterized by Takotsubo Cardiomyopathy (stress induced - transient left ventricular dysfunction), appeared after a surgical excision of a breast fibroadenoma under local anesthesia. Patient was classified in a high-risk anesthesiological category (ASA IV) and she presented a recurrent disease after a surgical treatment, therefore we opted for a fibrin glue application without any anesthesia. After a physical examination to identify internal and external openings of fistula tract, a loaded double - channel syringe of fibrin glue (Tisseel® - Baxter) was introduced into the tract to fill it. The patient was discharged the same day of treatment.
Results: A proctological follow-up examination was performed 3, 7 days and 3 months after the procedure. The last follow-up evaluation showed a complete healing of fistula, without any secretion. The patient didn't refer pain or pruritus ani.
Conclusions: Conservative closure of fistula with fibrin glue plugging is simple and safe treatment, which doesn't need any anesthesia. Our patient was successfully treated without any stress that could trigger cardiomyopathy. Consequently fibrin glue application may represent a valid choice to treat simplex anal fistulae in this high-risk subtype of patients.

WHAT IS THE FUTURE FOR THE MILLIGAN-MORGAN TECHNIQUE?

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Objective: A variant to realize the hemorrhoidectomy sec. Milligan-Morgan is offered by the system LigaSure PreciseTM (LigaSure ®). In today's new minimally invasive technology (HPS, THD slide) and mucoprolassectomy with stapler there is a place for the Milligan-Morgan?
Methods: The Ligasure Precise is an electrothermal bipolar device constituted by a radiofrequency generator able to perform the synthesis and hemostasis of arterial and venous vessels up to 7 mm in diameter realizing a complete and permanent synthesis of the vascular wall .
In our Division of Emergency Surgery 58 patients(45 males and 13 females) with haemorrhoids of grade IV second Goligher and with eroded and bleeding mucosa were subjected to hemorrhoidectomy sec. Milligan-Morgan using the LigaSure Precise.
Results: The mean operation time was 12 minutes. The score for postoperative pain according to the numerical scale verbal (VNS) was 6 after 24h and 48h after 5. Hospitalization was on average of 2.8 days (range 2-4).Surgical wounds have healed after a mean of 18.3 days. The return to work occurred after a mean of 10 days.
Conclusions: The use of Ligasure Precise has shown significant advantages over the traditional technique: lower operating time,faster healing of wounds,reduced postoperative pain and early return to work. We have discovered that in the haemorrhoids of 4th grade with giants and pseudopolypoid nodules, eroded and bleeding mucosa, the Milligan-Morgan technique would be better to latest suspension techniques both for the low number of relapses both in consideration that in one of our cases the histologic examination showed an adenoma with high dysplasia.

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IS THE TOPICAL GLYCERYL TRINITRATE OINTMENT AN EFFECTIVE THERAPY TO TREAT THE POSTOPERATIVE PAIN FOLLOWING STAPLED HAEMORRHOIDOPEXY? A RANDOMIZED CONTROLLED TRIAL

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Objective: One of the main complications of Stapled Haemorrhoidopexy (SH) is chronic pain. This is usually related to various causes including puborectalis or internal anal sphincter spasm. The use of glycenire trinitrate (GTN) ointment to decrease the muscle spasm is well known in the therapy of anal fissures. To evaluate its efficacy in the treatment of post-SH pain when it is related to a spasm of anorectal muscles, we conducted a RCT.
Methods: Between 2004 and 2010, 480 patients undergone SH and 121of these experienced postoperative pain and subjected to anorectal manometry. In 41 patients we find a significant increasing of anal resting pressure. These patients were randomly divided in 2 groups and treated with local application of GTN 0.4% in group GTN and with lidocaine 2.5% in group LIDO. The effect of this treatment were evaluated by measuring pain intensity with a VAS and by an anorectal manometry.
Results: The patients treated with GTN showed a significant reduction in pain compared with patients treated with lidocaine just after 2 days (VAS 2.48 for GTN and 4.08 for LIDO with $p<0.0001$) and even after 7 (1.43 vs. 2.85) and 14 days (0.43 vs. 1.45) with complete disappearance of pain in 14 patients treated with GTN compared to only 5 patients treated with lidocaine. The anal resting pressure after 14 days of therapy was statistically lower in group GTN (75.4 vs. 85.6 mmHg).
Conclusions: The local application of GTN 0.4% is useful to reduce post-SH pain caused by anorectal muscles spasm.

A COMPREHENSIVE EVALUATION OF THE PELVIC FLOOR FUNCTION AFTER DELAYED REPAIR OF CLOACA-LIKE DEFECT DUE TO OBSTETRIC INJURY

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Objective: Obstetric trauma can cause severe injuries of the anal sphincters, ano-rectum and vagina leading sometimes to cloaca-like deformity with rupture of the perineal body, sphincter interruption and loss of distal recto-vaginal septum. This condition dramatically affects patients'pelvic floor functions and quality of life and its surgical treatment is challenging.
Methods: 4 patients with cloacal deformities underwent complex surgical repair. All were affected by sexual dysfunction, urinary and fecal incontinence, with vaginal discharge of stool. The patients underwent complete clinical evaluation and comprehensive evaluation of pelvic floor function by a new scoring system, the TAPE score which include 6 validated questionnaires on fecal, urinary and sexual function. Quality of life was assessed by the Pelvic Floor Distress Inventory. Different surgical reconstructive options were carried out by plastic surgeons after overlapping sphincteroplasty by the colorectal surgeon. Fecal diversion was already present in one patient.
Results: No wound infections were recorded and complete healing occurred within 3 months. One patient was lost at follow up, but she gained improved fecal and urinary continence. At 1 year follow up the remaining patients had significant improvement in the TAPE score (from 76.5 to 96.3% in one and from 27 to 66% in the second). A third patient is still under postoperative evaluation. Vaginal discharge of stool was eliminated in all.
Conclusions: Reconstruction of perineal body and separation between ano-rectum and vagina is a complex operation needing close cooperation between colorectal surgeons and plastic surgeons as the choice of surgical repair cannot be standardized. Restoration of the perineal anatomy resulted in improved total pelvic floor function as documented by the TAPE score.

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