Gastroenterol Hepatol. 2019;42(5):314–315

Gastroenterología y Hepatología

www.elsevier.es/gastroenterologia

IMAGE OF THE MONTH

Endoluminal endoscopic therapy with Endo-Sponge® system in the management of anastomotic dehiscence after colorectal surgery☆

Terapia endoscópica endoluminal con sistema Endo-Sponge® en el manejo de dehiscencia de anastomosis tras cirugía colorrectal

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Anastomotic leakage is a serious complication of colorectal surgery. It occurs in 1–24%[1,2] of cases after a previous low resection. The associated morbidity and mortality rates range from 6% to 22%.[1,3] Patients receiving radiotherapy or neoadjuvant chemotherapy have a higher risk of leakage, with the need for a permanent stoma in up to 62% of cases.[4,5]

Treatment is difficult and may require invasive techniques with disappointing results. A minimally invasive alternative to surgical strategies is endoluminal vacuum therapy with Endo-Sponge®, to reduce the size of the cavity, limit pelvic sepsis and reduce the risk of stoma.[1–5]

Our patient was a 43-year-old male diagnosed with adenocarcinoma of the medial rectus. He had received neoadjuvant chemotherapy and radiotherapy with subsequent intervention involving low anterior resection by combined laparoscopic/trans-anal approach (TaTME [trans-anal total mesorectal excision]) with mechanical side-to-end anastomosis and ileostomy for protection. At 48 h, he developed pyrexia and elevated levels of laboratory infection parameters (CRP, procalcitonin and leucocytosis with left shift). A computed tomography (CT) scan showed a pre-sacral collection 7 × 4 × 7 cm in size. Proctoscopy (Fig. 1) showed the integrity of the anastomosis and a break in continuity communicating with a drain-hole in the blind loop (Fig. 2). Endo-Sponge® device was positioned (Fig. 3) replacing it every 48–72 h. After five replacements, there was abundant granulation tissue and absence of purulent discharge (Fig. 4). The patient remained apyrexial with return to normal of laboratory values and so was discharged after a month in hospital. He is currently awaiting reconstruction surgery.

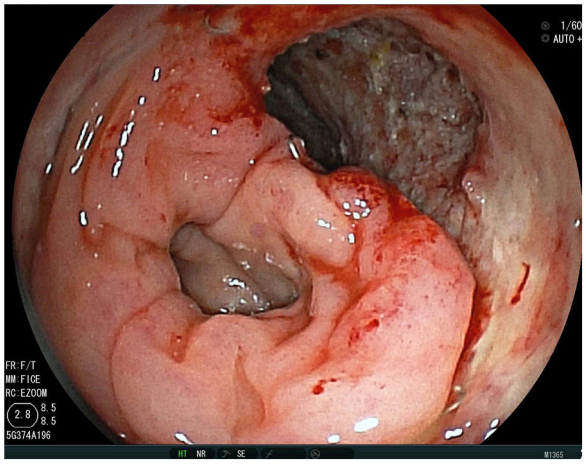

Figure 1 Proctoscopy. Image of anastomosis and collection in blind loop.

☆ Please cite this article as: Parapar Álvarez L, Antón García S, Argüelles Martínez de la Vega C. Terapia endoscópica endoluminal con sistema Endo-Sponge® en el manejo de dehiscencia de anastomosis tras cirugía colorrectal. Gastroenterol Hepatol. 2019;42:314–315.

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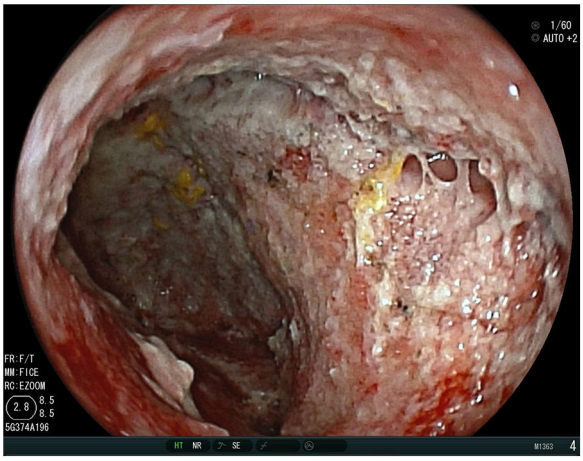

Figure 2 Interior of the cavity in the blind loop.

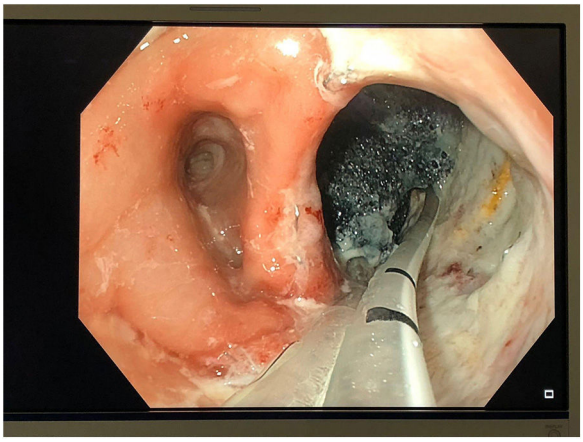

Figure 3 Placement of Endo-Sponge® system with endoscopic view.

Endoluminal vacuum therapy with Endo-Sponge® is a safe and effective technique which should be considered as treatment for anastomotic fistulas/presacral collections after colorectal surgery.

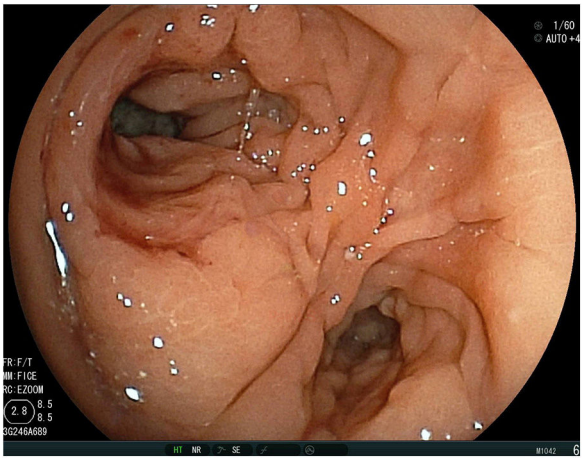

Figure 4 Anastomosis after endoscopic vacuum therapy.

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