

**MUNI
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**FAKULTNÍ
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Case report SCaLPEL

Female patient 44 years old

M. Crohn - fistulating

2012 – IC resection + resection of 60cm of ileum

Biological therapy ADA

2022 – recurrence of disease

Stenosis of I-A
anastomosis and
neoterminal ileum



Surgery – 20.9.2022

Laparoscopy assisted resection of anastomosis and neoterminal ileum (40cm) with I-A anastomosis

During surgery:

Clipping of small crossing artery laterally of ascendens???

Blood inside of lumen of small intestine???

2nd day after surgery

- Fever
- Tachycardia
- CRP 187, elevation of WBC 19,6 → 23,5
- USG: free fluid in abdominal cavity

What would you do?

- CT scan?
- Antibiotic treatment
- Revision

2nd day after surgery - revision

Without peritonitis, absces of right retroperitoneum

Necrosis of anastomosis with stercoral leak

Right side hemicolectomy with I-T anastomosis

6th day after primar surgery – pus in wound

Wound is opened

Local therapy + ATB

Stagnation of CRP above 200 g/L, WBC above 22 for four days

11th day after primar surgery

Brown secretion in the wound

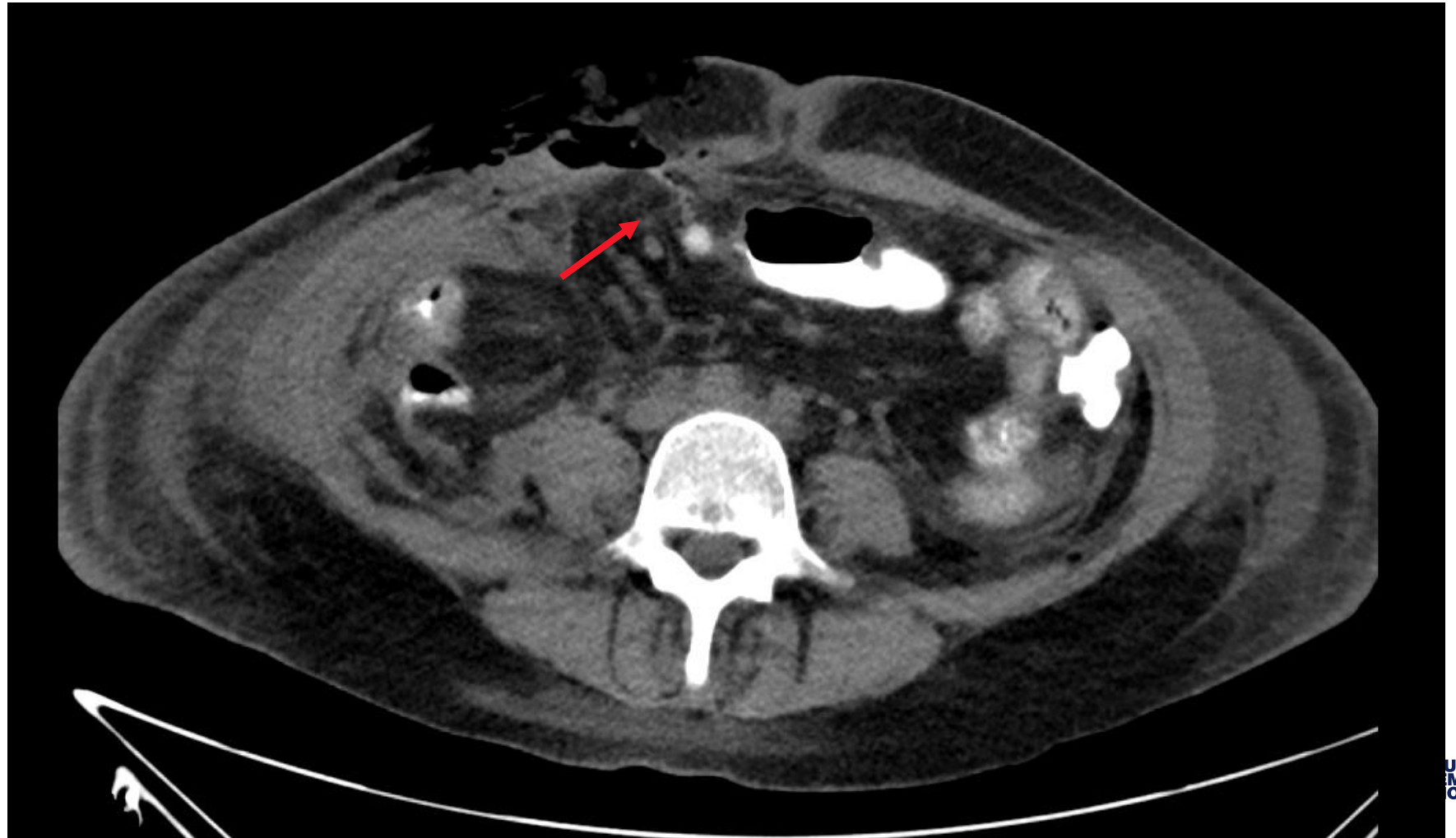
Suspicion on enterocutaneuos fistula

What would you do?

11th day after primar surgery – CT

Positive
poppy seed
test

Secretion
around 400ml
per day

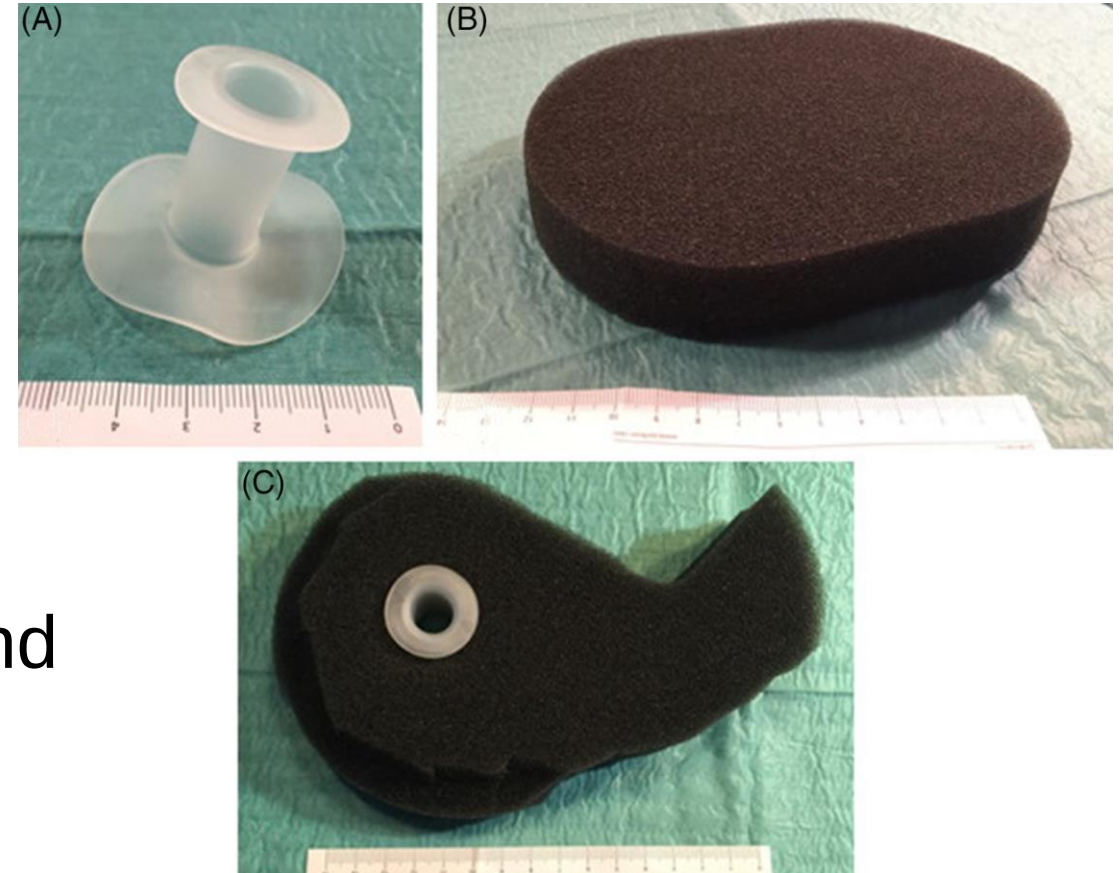


What would you do?

- Revision?
- Conservative treatment?

Conservative treatment of enterocutaneous fistula

- Total parenteral nutrition
- Somatostatin in therapeutic dose (6mg/24h)
- Underpressure therapy on the wound



24th day after surgery – CT with p.o. contrast



28th day after surgery

Secondary suture of the wound

Total hospital stay: 31 days

Other complications

- Pleural effusion with need of drainage
- Candidal pneumonia
- Malnutrition with refeeding syndrom with sever hypophosphatemia
- COVID contact in ward

Discussion

ICG in primary surgery

Anastomosis in sepsis - EAGLE

