



ORIGINAL ARTICLE

Sigmoidectomy with primary anastomosis for complicated diverticulitis[☆]



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KEYWORDS

Complicated diverticulitis;
Primary anastomosis;
Hartmann's procedure

Abstract

Background: It is possible to resect the perforated segment and reestablish intestinal continuity with adequate morbidity and mortality results in patients with complicated diverticulitis.

Aims: To evaluate the type of surgery performed at our center and the results of the procedures in patients with complicated diverticulitis.

Material and methods: All patients that underwent sigmoidectomy due to complicated diverticulitis within the time frame of 2005-2012 were included in the study. The primary objective was to evaluate the type of surgery performed. The secondary objective was to evaluate patient morbidity and mortality after 30 postoperative days.

Results: The study included 77 patients with a mean age of 51.17 ± 12.80 years. The majority of the patients were men (64.9%) ($n = 50$) and the mean BMI was 28.24 ± 4.06 kg/m². A total of 63.6% ($n = 49$) patients presented with a Hinchey III-IV classification. Sigmoidectomy with primary anastomosis was performed in 58.4% ($n = 45$) of the patients, 48.8% (22/45) of whom presented with Hinchey III-IV. Primary anastomosis was more frequently performed in patients that had Hinchey I-II ($P = .001$). Open surgery was carried out in 85.7% ($n = 66$) of the cases. The mean surgery duration was longer in the patients with primary anastomosis (181.73 ± 68.2 min vs. 152.13 ± 65.8 min) ($P > .05$). Colorectal surgeons performed the procedures in 44.2% ($n = 34$) of the cases. Complications presented in 23.4% ($n = 18$) of the patients and there was a tendency toward more complications in patients that underwent the Hartmann's procedure. The mortality rate was 2.6% ($n = 2$).

Conclusions: Sigmoidectomy with primary anastomosis is a frequent surgery in patients with complicated diverticulitis at our hospital. There was no difference in morbidity and mortality, compared with the Hartmann's procedure.

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PALABRAS CLAVE

Diverticulitis complicada;
Anastomosis primaria;
Procedimiento de Hartmann

Sigmoidectomía con anastomosis primaria para diverticulitis complicada**Resumen**

Antecedentes: Es posible resear el segmento perforado y reestablecer la continuidad intestinal en pacientes con diverticulitis complicada con adecuada morbimortalidad.

Objetivo: Evaluar el tipo de cirugía realizada y los resultados operatorios en pacientes con diverticulitis complicada en nuestro centro.

Material y métodos: Se incluyó a todos los pacientes sometidos a sigmoidectomía por diverticulitis complicada durante el período 2005 al 2012. El objetivo primario fue evaluar el tipo de cirugía realizada. El objetivo secundario fue evaluar la morbimortalidad operatoria a 30 días.

Resultados: Se incluyó a 77 pacientes. La edad promedio fue de 51.17 ± 12.80 años, la mayoría de los pacientes fueron hombres 64.9% (n=50), el IMC promedio fue de 28.24 ± 4.06 kg/m², 63.6% (n=49) presentaron un Hinchey III-IV. En el 58.4% (n=45) se realizó una sigmoidectomía con anastomosis primaria, específicamente en pacientes con Hinchey III-IV, esta cirugía se realizó en el 48.8% (22/45). En pacientes con Hinchey I-II fue más frecuente realizar una anastomosis primaria (p=0.001). La cirugía fue abierta en 85.7% (n=66) de los casos. El tiempo operatorio promedio fue más largo en pacientes con AP 181.73 ± 68.2 min vs. 152.13 ± 65.8 min (p > 0.05). La cirugía fue realizada por cirujanos colorrectales en 44.2% (n=34) de los casos. Se presentaron complicaciones en el 23.4% (n=18) de los casos, hubo una tendencia a presentar más complicaciones los pacientes con operación de Hartmann. La mortalidad fue del 2.6% (n=2).

Conclusiones: La sigmoidectomía con anastomosis primaria es una operación frecuente en pacientes con diverticulitis complicada en nuestro hospital. No hay diferencia en la morbimortalidad comparado con el procedimiento de Hartmann.

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Introduction

The estimated prevalence of diverticulosis is 5% in persons from 30-39 years of age, and rises to 60% in those above 80 years of age.¹ The risk for diverticulosis progressing to diverticulitis has recently been estimated at only 4%,² with an estimated incidence of perforated diverticulitis in adults of 3.5 per 100,000.³ Diverticulitis is a disease with a spectrum that extends from mild inflammation with no complications to complicated disease that can go from a pericolic abscess to free perforation with fecal peritonitis. Acute diverticulitis severity is evaluated through the Hinchey classification.⁴ Basically, uncomplicated diverticulitis is treated conservatively, whereas Hinchey stage III and IV complicated diverticulitis requires surgical management. The recommended treatment consists of resection of the affected bowel segment and closure of the rectal stump (Hartmann's procedure [HP]).⁵ A significant number of patients that survive this procedure never undergo restoration of intestinal continuity⁶⁻⁸ and suffer considerable deterioration in their quality of life as a result of treatment of a benign disease.⁹ It has been suggested that it is possible to resect the perforated bowel segment and reestablish intestinal continuity (primary anastomosis [PA]) under certain circumstances, with adequate results in terms of patient morbidity and mortality.¹⁰

Given the constant evolution in the surgical treatment of this disease, the aim of the present article was to evaluate the type of surgery performed and the resulting morbidity and mortality in patients operated on for complicated diverticulitis at our center.

Aim

To evaluate the type of surgery performed and the resulting morbidity and mortality in patients operated on for complicated diverticulitis at our center.

Patients and methods

All patients that underwent sigmoidectomy within a 7-year period (2005-2012) at a single institution (*Hospital Médica Sur*, Mexico City) were identified through the hospital's administrative database. Those patients requiring surgery due to complicated diverticulitis were then identified. Complicated diverticulitis was defined as an episode of acute diverticulitis associated with free perforation with peritonitis and generalized sepsis or with phlegmon and/or abscess that did not respond to conservative treatment. It is important to mention that the patients with peritonitis and generalized sepsis were surgically treated immediately after diagnosis; the patients with phlegmon and/or abscess were treated conservatively (antibiotics), and if they did not respond, they were then treated surgically. Diverticulitis diagnosis was confirmed through medical history and computerized tomography findings. The Hinchey classification was determined based on the surgical operation note. In accordance with hospital policy, all patients signed statements of informed consent before the procedure.

A retrospective review was carried out by reviewers that did not participate in the treatment process. The information was registered on a data collection sheet. The primary

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