September 2016 Featured Articles, Volume 223

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Article 1: Colon/Rectal; General Surgery
Combined medical and surgical approach improves healing of septic perianal Crohn's disease. Choi CS, Berg AS, Sangster W, et al. J Am Coll Surg 2016;223:506–514.

Article 2: Surgical Oncology
Impact of laparoscopic adrenalectomy on overall survival in patients with non-metastatic adrenocortical carcinoma. Huynh KT, Lee DY, Lau BJ, et al. J Am Coll Surg 2016;223:485–492.

Article 3: Bariatric; General Surgery
Bariatric surgery outcomes in US accredited vs non-accredited centers: a systematic review. Azagury D, Morton JM. J Am Coll Surg 2016;223:469–477

Objectives: After reading the featured articles published in this issue of the *Journal of the American College of Surgeons* (JACS) participants in this journal-based CME activity should be able to demonstrate increased understanding of the material specific to the article featured and be able to apply relevant information to clinical practice.

A score of 75% is required to receive CME and Self-Assessment credit. The JACS Editor-in-Chief does not assign a manuscript for review to any person who discloses a conflict of interest with the content of the manuscript. Two articles are available each month in the print version, and usually **4 are available online for each monthly issue, going back 24 months.**

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ARTICLE 1

(Please consider how the content of this article may be applied to your practice.)

Combined medical and surgical approach improves healing of septic perianal Crohn's disease

Choi CS, Berg AS, Sangster W, et al
J Am Coll Surg 2016;223:506–514

Learning Objectives: After study of this article, surgeons should be able to compare the effectiveness of an integrated medical and surgical management approach in patients with septic perianal Crohn's disease and advise patients accordingly.

Question 1

With tumor necrosis factor antagonist agents only, the expected heal rate for septic perianal Crohn's disease at 1 year is approximately:

a) 5%
b) 25%
c) 50%
d) 80%
e) 100%

Critique: Successful healing of septic perianal Crohn's disease based on response to tumor necrosis factor antagonist agents has been variable due to differences in study design, such as dosages and follow-up periods. Generally, a higher reported response rate in the range of 50% to 60% trended with studies with a shorter

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follow-up period between 4 and 12 weeks. A closer examination of these studies at 1 year demonstrated the overall response rate to be closer to 20% to 30%. As experience with tumor necrosis factor antagonist agents has been gained, it has become increasingly apparent that a combined medical and surgical approach to septic perianal Crohn's disease is necessary.

Question 2

A patient with Crohn's disease presents with a painful perianal abscess. The first step in management includes:

a) antibiotics only
b) drain placement by an interventional radiologist
c) antibiotics, incision/drainage, and assessment of the extent of Crohn's disease in the gastrointestinal tract
d) tumor necrosis factor antagonist medication only
e) sitz bath and analgesic medication only

Critique: When a patient with Crohn's disease presents with a perianal abscess, it is important to initiate management of the septic process soon after obtaining a thorough history and physical exam. This involves antibiotics and incision/drainage of the abscess. In addition, investigating the extent of Crohn's disease in the remaining gastrointestinal tract plays a significant role in the subsequent steps in managing septic perianal Crohn's disease. Single therapy with tumor necrosis factor antagonists, antibiotics, drainage, or sitz baths is not appropriate.

Question 3

Surgical procedures for fistulous perianal Crohn's disease include all of the following EXCEPT:

a) fistulotomy
b) ligation of intersphincteric fistula tract
c) transanal flap
d) 4-quadrant hemorrhoidectomy
e) seton placement

Critique: There are several surgical techniques used to manage the various manifestations of perianal Crohn's disease. The decision on the type of surgical procedure depends highly on the anatomic extent of disease, especially in regard to sphincters. The most common procedures for fistulas include fistulotomies, ligation of intersphincteric fistula tract, a transanal flap, and others. Although seton placement is not necessarily a definitive surgical treatment, it is used frequently to prevent recurrent perianal abscess formation and as a prelude to surgical repair. Hemorrhoidectomy is not an appropriate surgical procedure for fistulous perianal Crohn's disease.

Question 4

After exhausting a multidisciplinary approach to treat septic perianal Crohn's disease, the rate of proctectomy and permanent stoma is:

a) 5%
b) 20%
c) 50%
d) 75%
e) predicted by the presence of a specific single nucleotide polymorphism

Critique: Stomas can be used in a temporary fashion to help sanitize the perineum and improve pain and symptoms in septic perianal Crohn's disease. It can also be a necessary intervention in life-threatening septic complications. However, after extensive combined medical and surgical therapy, there are still patients who fail to adequately heal from their perianal disease. Our study demonstrated that although the approximate heal rate for a combined medical and surgical approach was 60%, about 20% of patients ultimately required a permanent stoma.

ARTICLE 2

(Please consider how the content of this article may be applied to your practice.)

Impact of laparoscopic adrenalectomy on overall survival in patients with non-metastatic adrenocortical carcinoma

Huynh KT, Lee DY, Lau BJ, et al
J Am Coll Surg 2016;223:485–492

Learning Objectives: After study of this article, surgeons should be able to discuss the advantages and disadvantages of laparoscopic adrenalectomy for patients with adrenocortical carcinoma, and identify characteristics that affect overall survival.

Question 1

Based on the European Network for the Study of Adrenal Tumors (ENSAT), stage II adrenal cancer patients have:

a) tumors $>$ 5 cm with extra-adrenal extension and regional lymph node metastasis
b) tumors $<$ 5 cm without extra-adrenal extension and negative lymph nodes