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Postoperative mortality in inflammatory bowel disease patients

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ABSTRACT

Introduction: Since the 1960s, mortality in Crohn's disease (CD) and Ulcerative Colitis (UC) patients had a significant decrease due to advances in medical and surgical therapy. An important proportion of these patients are submitted to surgical procedures during their disease course, with postoperative mortality between 4 and 10%.

Methods: 157 inflammatory bowel disease (IBD) patients submitted to surgical therapy were retrospectively identified and allocated in 2 groups (CD and UC). Deaths were individually discriminated in detail.

Results: 281 surgical procedures were performed. In the UC group, 43 operations were performed in 24 patients; in the abdominal CD subgroup, 127 procedures in 90 patients and in the perineal CD subgroup, 115 in 64 patients, respectively. Nine postoperative deaths were observed (3 in the UC and 6 in the CD groups). Overall postoperative mortality for IBD was 5.7% (4.5% for CD; 6.6% in abdominal CD and 12.5% for UC). Most of deaths were related to emergency procedures and previous use of corticosteroids. The cause of death in all patients was sepsis.

Conclusions: Overall postoperative mortality in IBD was 5.7%, and it was attributed to the severity of the cases referred.

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Mortalidade em portadores de doença inflamatória intestinal submetidos a tratamento cirúrgico

RESUMO

Introdução: A partir da década de 60, a mortalidade dos portadores de doença de Crohn (DC) e a Retocolite Ulcerativa Inespecífica (RCUI) teve declínio devido a novas terapêuticas clínicas e cirúrgicas. Importante proporção destes pacientes é submetida a procedimentos cirúrgicos no decorrer das suas vidas, com taxas de mortalidade variando entre 4 e 10%.

Palavras-chave:

Mortalidade

Doença de Crohn

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Retocolite ulcerativa
Cirurgia

Método: Foram identificados retrospectivamente 157 pacientes portadores de DII, submetidos a operações abdominais ou perineais, divididos em dois grupos (DC e RCUI). Os casos de óbitos foram discriminados e avaliados individualmente, de forma descritiva.

Resultados: 281 operações foram realizadas. No grupo RCUI foram realizadas 43 operações em 24 pacientes, no subgrupo DC abdominal, 127 operações em 90 pacientes e no subgrupo DC perineal, 115 em 64 pacientes, respectivamente. Do total de 9 óbitos, 3 ocorreram no grupo RCUI e 6 no DC. A mortalidade geral nas DII foi de 5,7%. Para a DC, 4,5%. No subgrupo de operações abdominais foi de 6,6% e para a RCUI 12,5%. A maior parte dos óbitos estavam relacionados a procedimentos de urgência/emergência, com uso prévio de corticoterapia. A *causa mortis* em todos os pacientes foi sepse.

Conclusões: A taxa de mortalidade cirúrgica nas DII foi de 5,7%, atribuídas pela severidade dos casos.

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Introduction

Crohn's disease (CD) and nonspecific ulcerative colitis (NSUC) present a not homogeneous and increasing global incidence over the years. Due to the heterogeneous demographic character among countries, the incidence of NSUC varies between 8–14/100,000 and 120–200/100,000 people; on the other hand, the incidence of CD varies between 6–15/100,000 and 50–200/100,000.¹

From the 1960s onwards, the mortality of patients with these diseases, mainly NSUC, showed a significant decline due to the use of new clinical and surgical therapeutic measures.² In the case of CD, there is a low risk, but the risk of death is higher *versus* general population (considering individuals of the same age and gender). An English meta-analysis pointed to a downward trend in mortality rates over the last 30 years, but without statistical significance.³ In NSUC, another meta-analysis showed that the total mortality of patients did not differ from the general population, although in subgroups of patients with a more severe and extensive disease (and that consequently made use of immunosuppressive medication) the risk of death was higher.⁴

A significant proportion of patients with inflammatory bowel disease (IBD) will undergo surgical procedures throughout their lives. In CD, bowel surgery is needed in about 70–80% of cases after 20 years of illness. Of these patients, about 30% will require a second surgery after 10 years.¹ In patients with NSUC, colectomies are required in approximately 20–30% of patients after 25 years of disease.¹ Considering the whole range of operative procedures, intestinal resections in patients with IBD performed on an emergency basis are associated with higher mortality rates. In addition to the increased risk due to the urgency required *per se*, at the time of surgery, many patients are malnourished and in the use of drugs such as corticosteroids, immunosuppressants and biological agents, which may have an impact on morbidity and mortality.⁵

The use of tumor necrosis factor alpha (anti-TNF α) inhibitors has altered the natural history of the disease. In randomized studies, the reduction of complications and of the need for surgery has already been demonstrated. On the other hand, in population studies, this has not yet been documented.⁵

The primary objective of this study was to determine the mortality rate among patients with IBD in a referral service for the management of CN and NSUC patients undergoing surgical procedures. The secondary objectives were to describe the demographic characteristics of this population, as well as to make a detailed evaluation of the cases of death, relating them to possible risk factors.

Method

This study was approved by the Research Ethics Committee of the Bioethics Nucleus of the Pontifícia Universidade Católica do Paraná (PUC-PR), according to the Presentation Certificate for Ethical Appreciation (CAAE) number 58325916.6.0000.0020, provided by the Plataforma Brasil system.

This is a retrospective, analytical and longitudinal study of a series of cases. 157 patients submitted to surgical procedures related to IBD from January 2004 to December 2014 in a referral service were identified. These patients were divided into groups according to the diagnosis (NSUC and CD). The CD group was further divided into two subgroups: abdominal procedures and perineal procedures. After reviewing the patient's medical records, the following variables were analyzed: age, gender, indication of surgery, procedure performed, the system of designation of the procedure (elective or urgent) and death in the postoperative period. Previous treatments (clinical and surgical ones) and in particular the use of corticosteroids and anti-TNF α agents were analyzed. The occurrence of malnutrition (defined as a serum albumin value below 3.0 mg/dL), use of total parenteral nutrition, anemia (defined as a hemoglobinemia [Hb] <8 g/dL), and the need for blood transfusion were equally checked. The type of surgery performed and the pre-operative hospitalization time were also analyzed. The cases of death were individually discriminated and evaluated. Surgical procedures not related to IBDs were excluded from the analysis.

Results

157 patients (90 males and 67 females) submitted to a total of 281 operations (43 in patients with NSUC and 238 in patients

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