

Complicated IPAA in patient with ulcerative colitis

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Man, 38 years old, 81 kg

Ulcerative colitis from 2000, pancolitis, treated in hospital Havírov

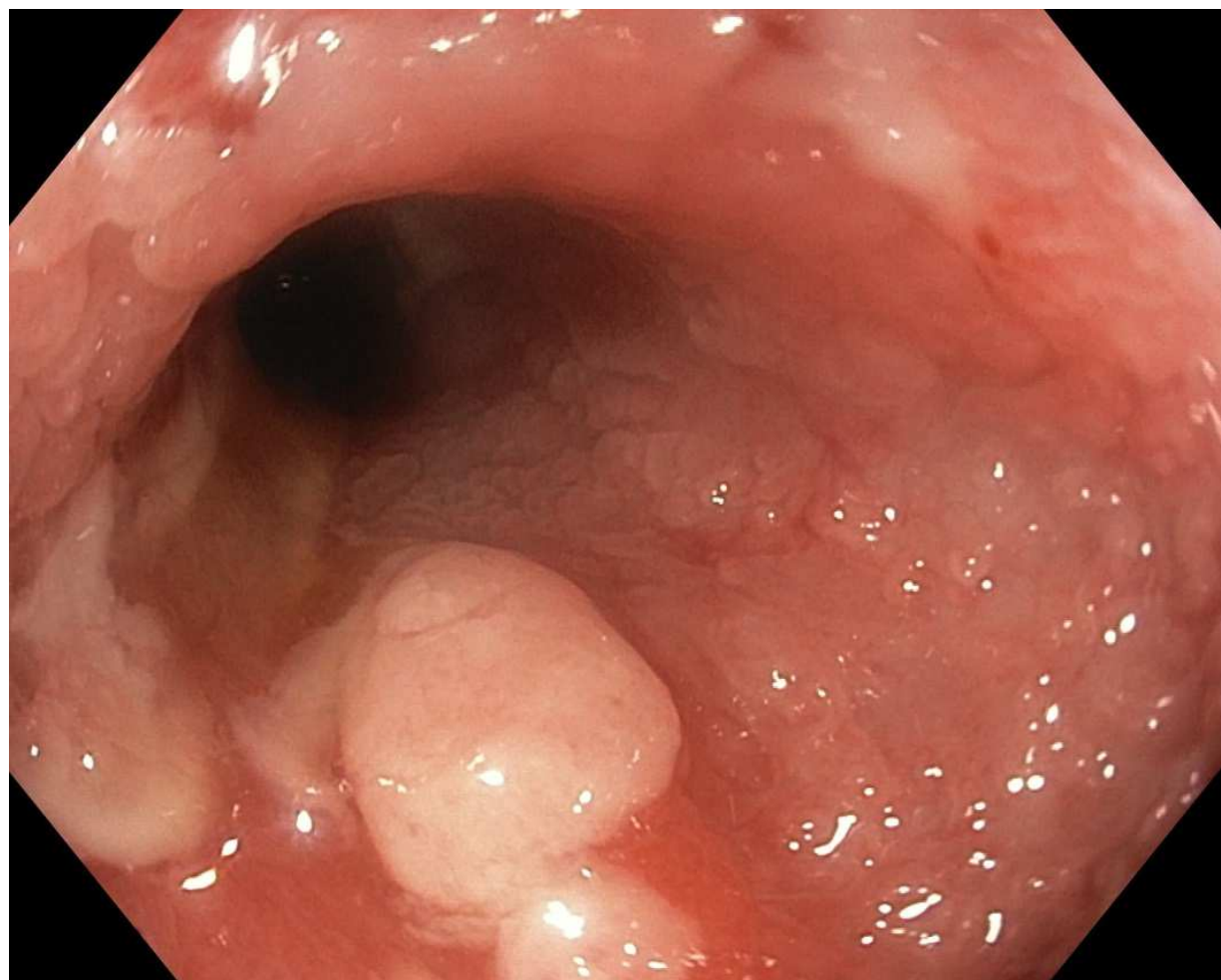
Corticodependent, intolerant to azathioprine, active disease

From 1/2016 treated in hospital Frydek-Mistek – infliximab (Remsima),
intensification (10 mg/kg) from 4/2016

Sigmoideoscopy 3/2016

Rectal stenosis in 7 cm
Impassable for endoscope
UC Mayo 3

MRI and biopsies excluded
malignancy



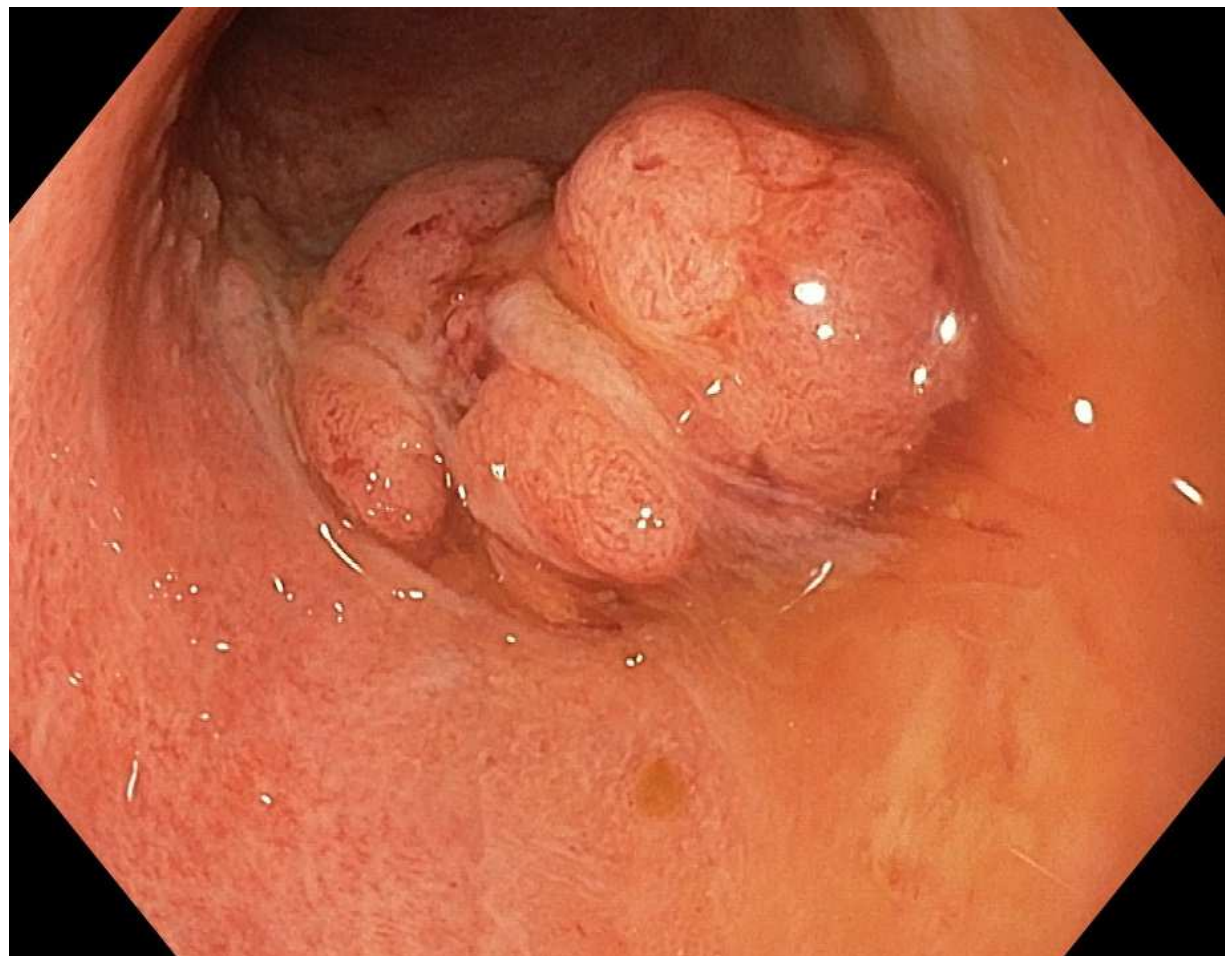
Sigmoideoscopy 9/2016

Rectal stenosis passable for
endoscope

Sigmoideoscopy to 50 cm

UC Mayo 2

Polypectomy of LGD adenoma
in sigmoid colon



Chromocolonoscopy 12/2016

UC pancolitis Mayo 2

LGD from multiple biopsies in sigmoid colon

After discussion with patient, he was referred for colectomy
2/2017 IPAA with terminal ileostomy in Horovice hospital

Histology of surgery specimen

Ulcerative colitis with active severe inflammation with ulcers and erosions, predominantly in the right colon

Multiple lesions with LGD in right colon

Mucosal atrophy and stenosis in left colon

Post-op course

Repeated status subleus

Frequent uroinfects

Weight loss despite enteral supplements

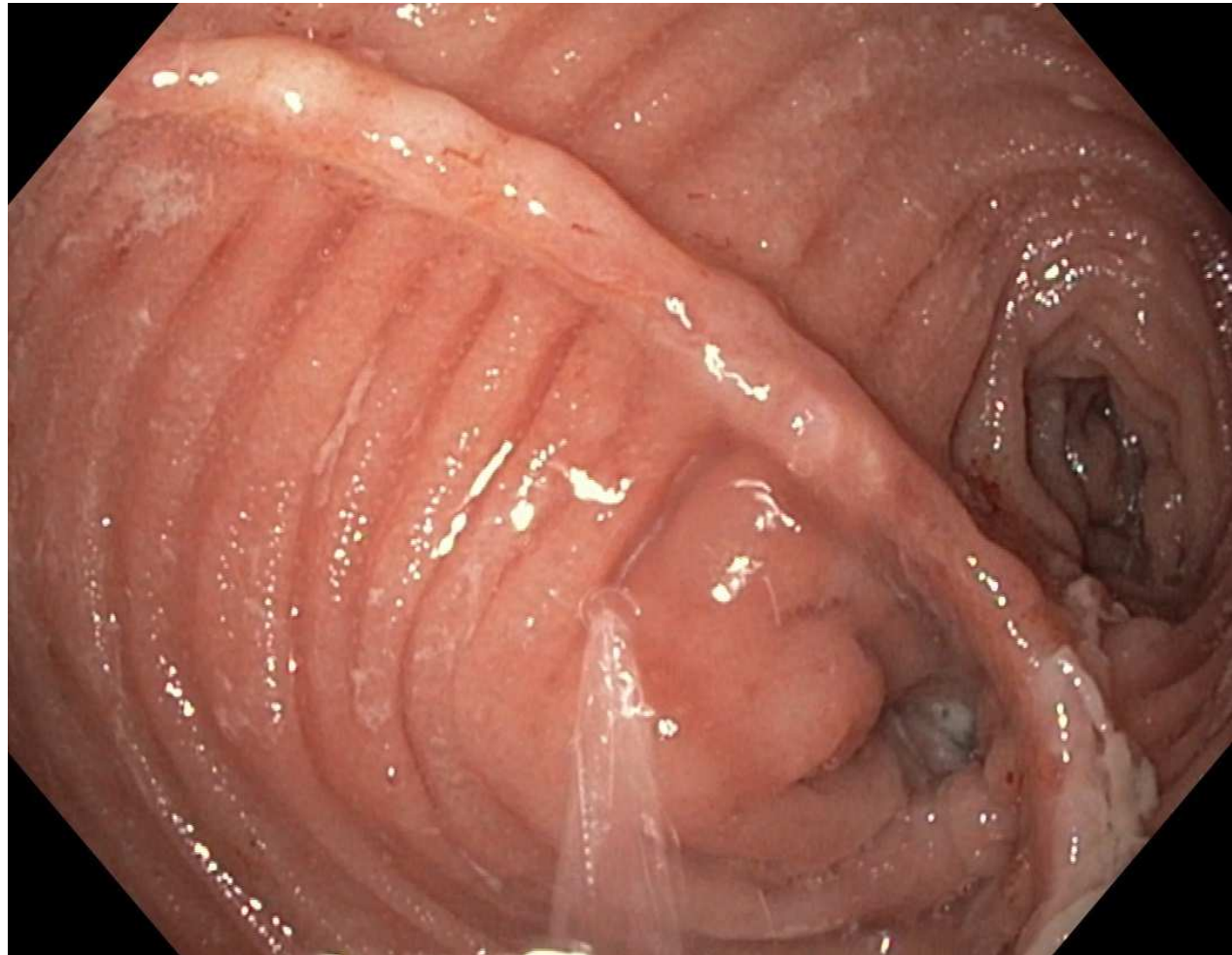
Manifestation of psychiatric disease (patient did not tolerate stay in hospital, genetic predisposition - patient's father committed a suicide)

Pouchoscopy 4/2017

Normal pouch and terminal
ileum

Gastroscopy normal

8/2017 weight gain,
prepared for surgery



Post-op course

9/2017 closure of terminal ileostoma in Horovice hospital

Chronic status subileus

Weight loss

Repeated admissions to hospital –surgical unit, internal unit, ICU (Horovice, Frydek-Mistek, Havirov)

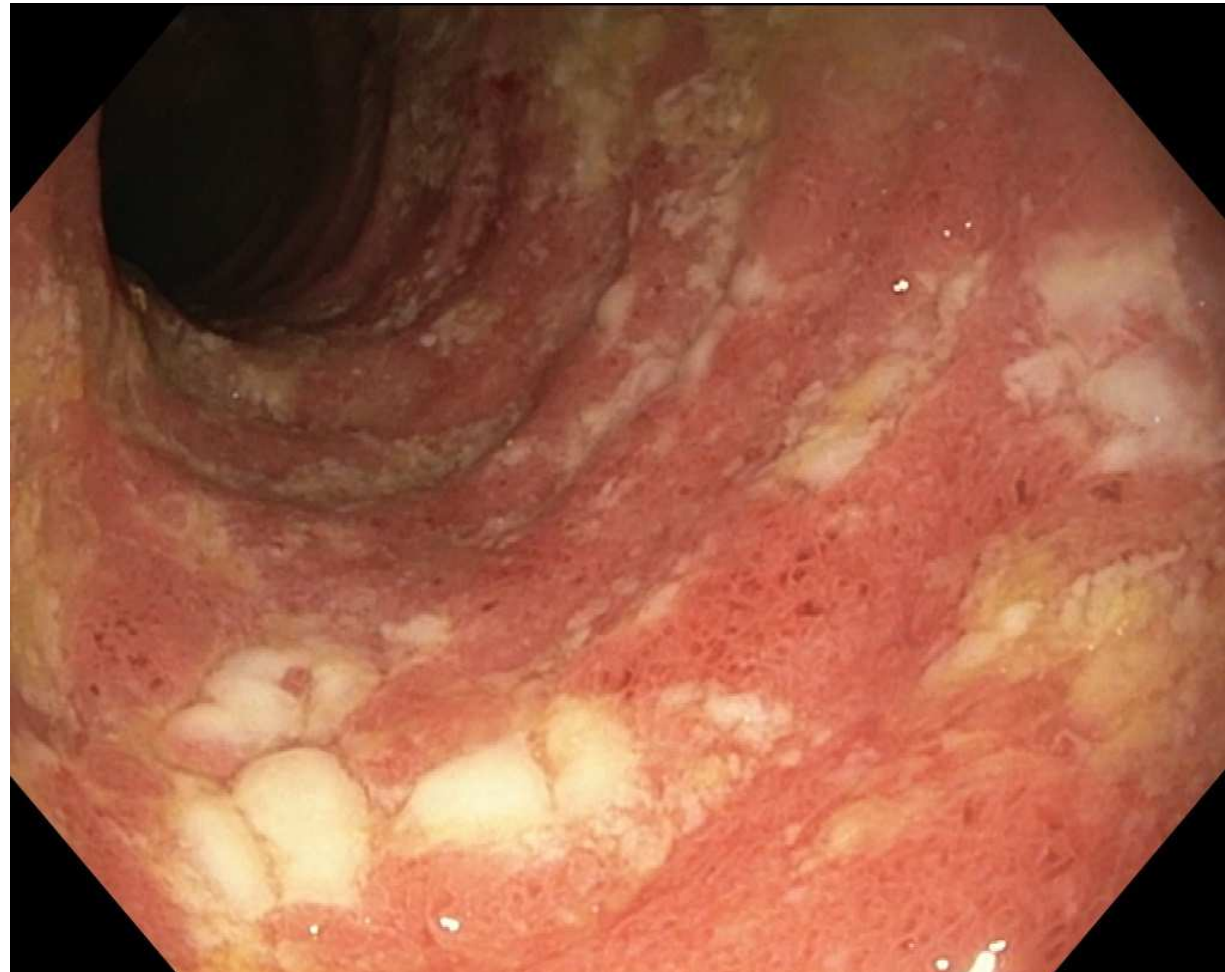
Pouchoscopy 10/2017

Whitish coating in terminal ileum – dif. dg. Clostridium difficile or CMV

Treated with Vancomycin

Toxin CD negat.

CMV in biopsies negat.



Pouchoscopy 11/2017

Small ulcers in terminal ileum
Healing after colitis caused by
Clostridium difficile?

Decompression catheter for
intestinal dilatation
Transferred to Horovice,
conservative treatment



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Post-op course

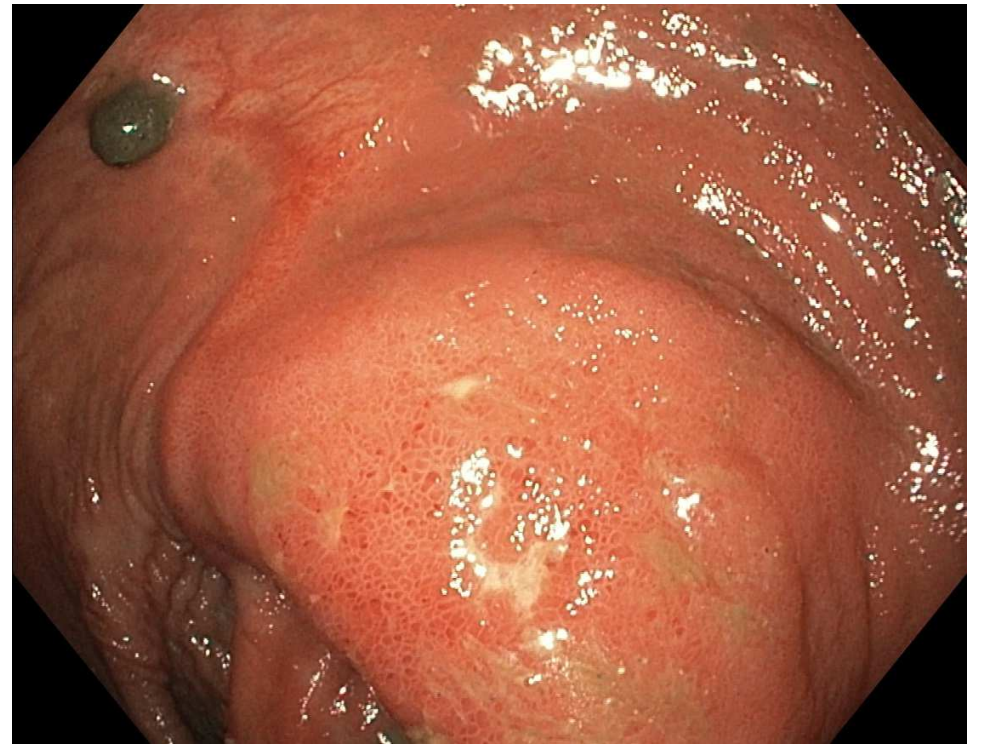
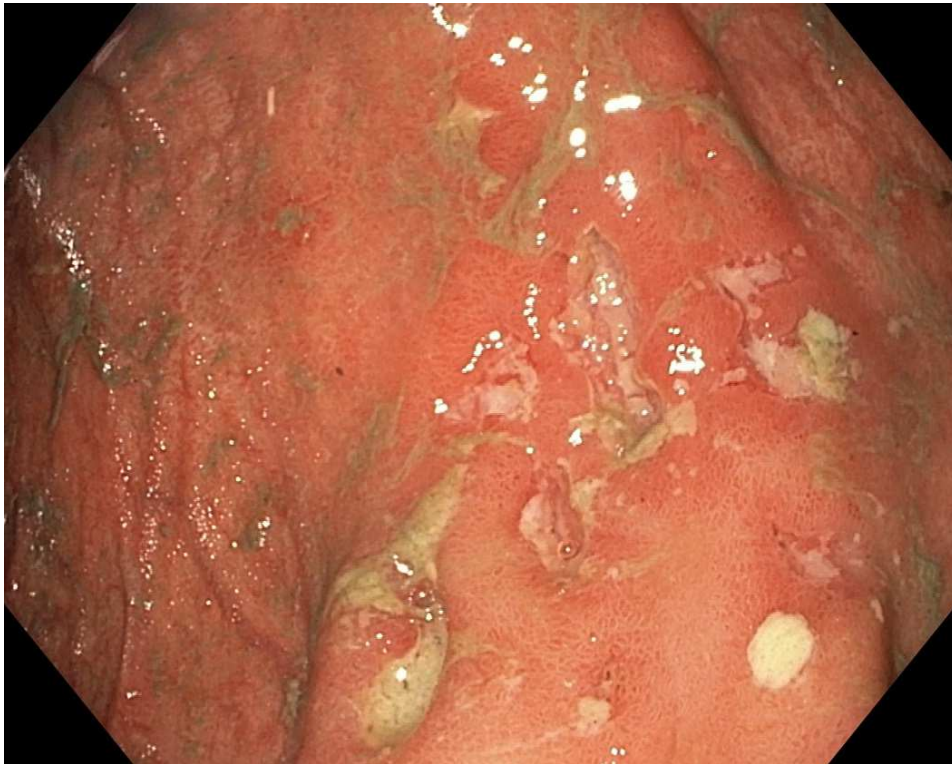
From 1/2018 repeated uroinfects and weight loss

From 2/2018 frequent watery diarrhea

Weight loss, 59 kg (81 kg in 2016)

Infections excluded

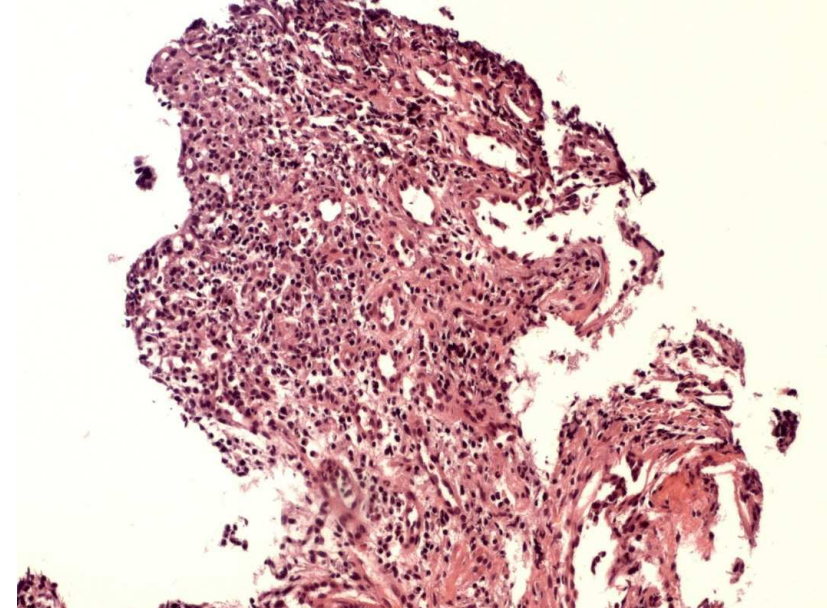
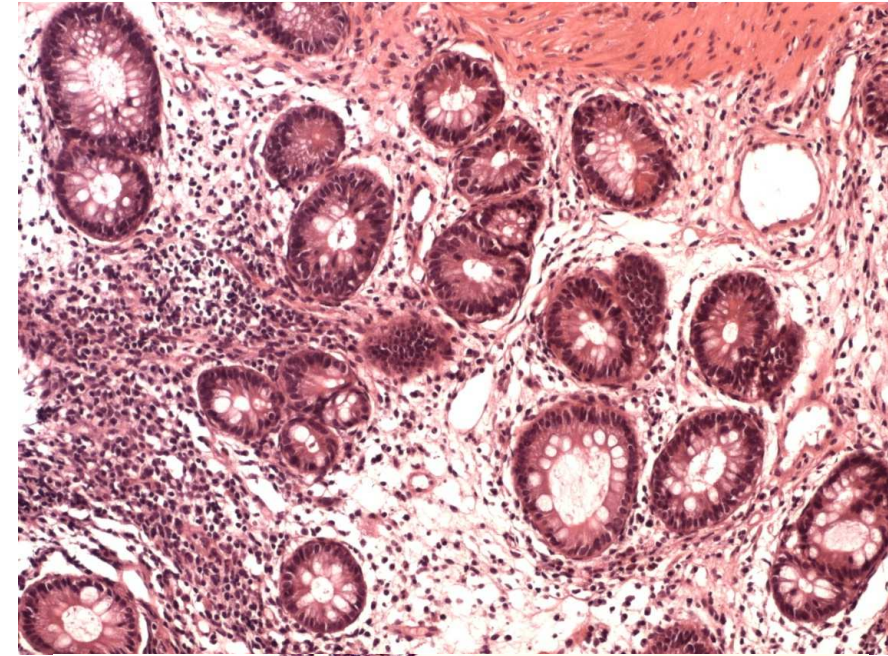
Pouchoscopy 2/2018



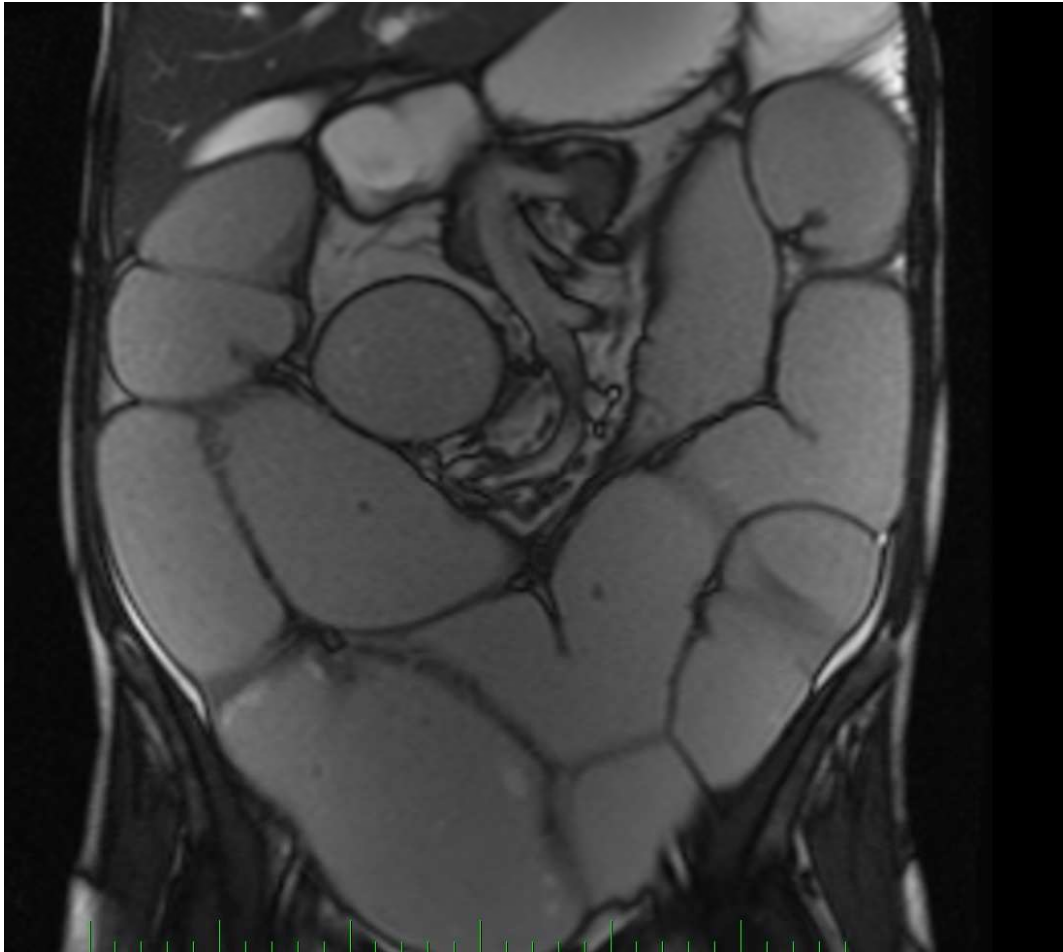
Pouchoscopy 2/2018

Ulcers and erosions from pouch to 50 cm of ileum

Histology: active chronic inflammation like IBD, rather UC than CD
(no Crohn's granulomas, mucosal inflammation only, no CMV)



MRI nad CT 2/2018 — no fistulas, normal IPAA, instestinal dilatation



2-3/2018

Parenteral nutrition in hospital

Normix, corticosteroids i.v.

After discharge:

Corticosteroids per os

Enteral nutrition with nasojenunal tube

Crohn's disease?

IBD unclassified?

Complication related to pouch surgery?

Restart biologic therapy? Adalimumab?

Terminal ileostomy?

Redo pouch surgery?

What else?