

Biological glue in the treatment of postoperative fistula in colorectal surgery. [French]

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Abstract:

Fistula morbidity after colorectal surgery is high and such fistulae are hard to treat. There have occasionally been reports of closures using biological glue. This work presents the results of a prospective study concerning 14 patients. Patients and methods: Between June 2004 and January 2008, all patients presenting with a postoperative fistula were included in the study, except if the fistula involved the vagina, was over 1 cm or communicated with a non-draining cavity. 14 patients (10 male) were treated, the average age being 63.5 years: 11 rectal cancers, 2 cases of diverticulitis and one stromal tumour of the recto-vaginal wall. Three out of 13 had had preoperative radiotherapy. The cases involved were 6 low and 4 high colorectal anastomoses (CRA), of which 9 were lateroterminal, 3 coloanal anastomoses (CA) and one rectal suture without anastomosis. Seven patients had spontaneous stoma (CA + low CRA). Diagnosis of the fistula was made by imaging in 11 cases (scan, MRI), twice by endoscopy and once by clinical exam; in nine cases, diagnosis was made early on (< 14 days) and in five cases it was late (> 57 days). In six cases, all diagnosed early, it was necessary to create a second stoma. Glueing was carried out one and a half times on average, using 1-3 mls of glue (Beriplast); effectiveness was measured by CAT-scan or MRI. Results: Imaging showed the fistula to be closed in 12 cases and the stoma was removed an average of 389 days after it had been created, 44 days on average after the first glueing attempt for the later forms and 168 for the early forms. In two cases, despite closure of the fistula, presacral infiltration could be seen on the scan, without recurrence of the tumour. Late closures may have been connected with postoperative chemotherapy. Conclusion: This series, the

most extensive report on gluing fistulas after colorectal laparoscopic surgery, shows that treatment by endoscopy is effective. The primary advantages of this technique are its absence of morbidity and real effectiveness, particularly considering the chronic fistula associated with the surgical alternative. Twelve of the 14 fistulae were successfully closed. © 2009 Springer Paris.