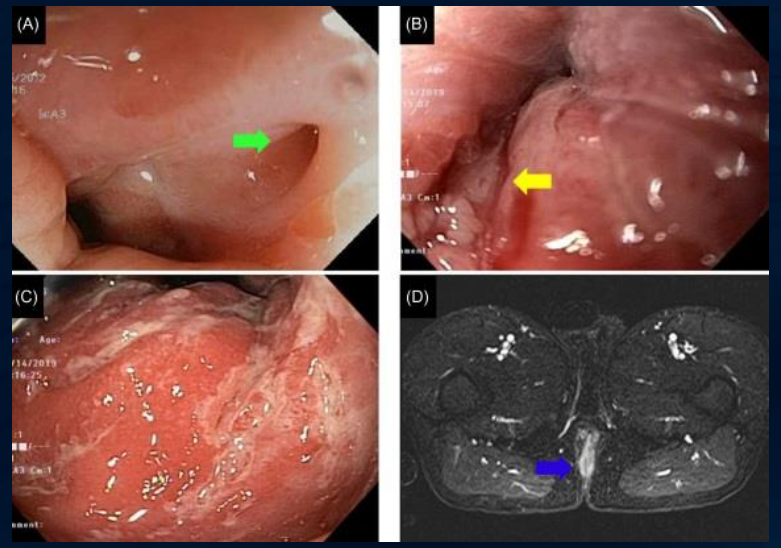
ESCRS Master Class *July 31ts 2024.*
Management of Anal Fistula

Treatment of Anal Fistula in Crohn's Disease



SHERIEF SHAWKI, MD, FACS,FASCRS

CONSULTANT

ASSOCIATE PROFESSOR, MAYO CLINIC COLLEGE OF MEDICINE

CHAIR, INNOVATION
DIVISION OF COLON & RECTAL SURGERY

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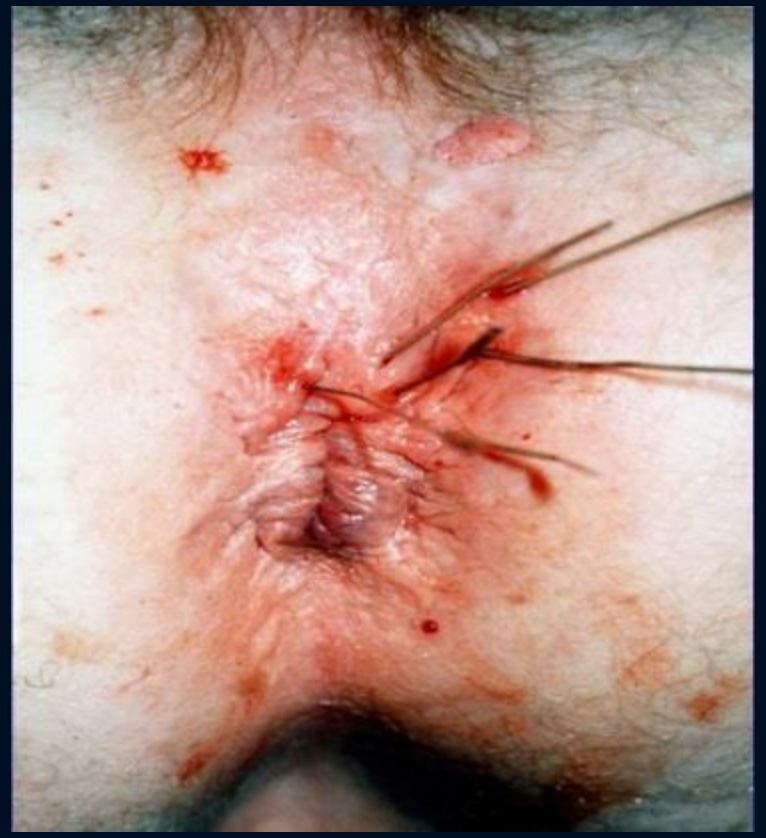
Anal involvement in Crohn's Disease

- 4 – 9 % as initial presentation
- 15 – 30% associated with proximal bowel disease



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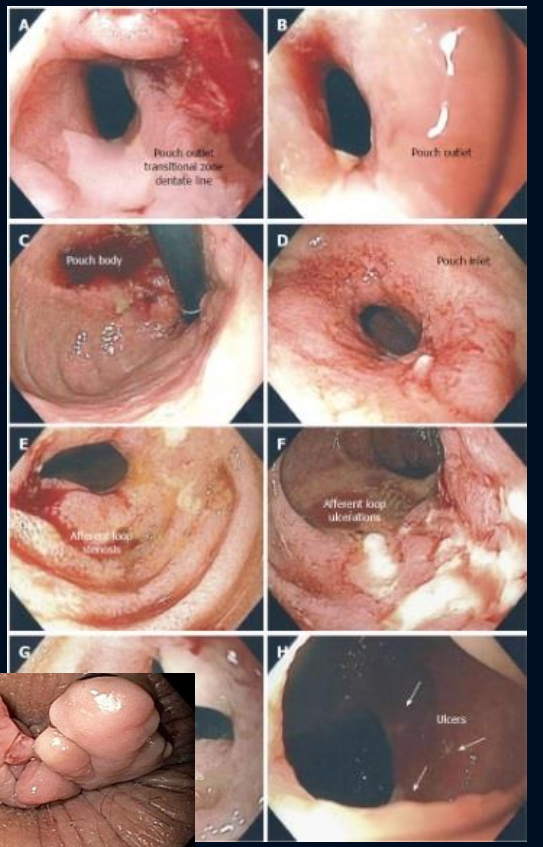
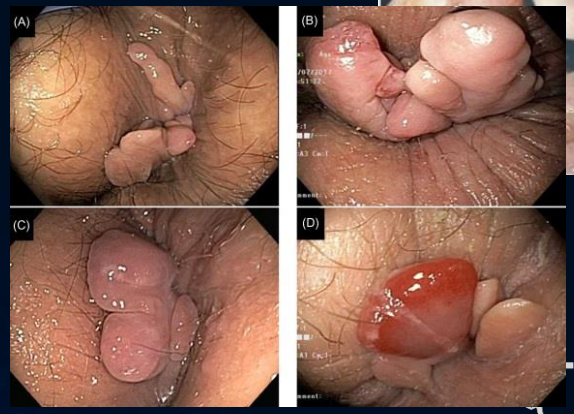
Anal involvement in Crohn's Disease

- Perianal fistula in CD patients:
-
- In context of Active 0r quiescent anal CD
- Fissures
- Mucosal erosions
- Skin tags
- Ulcers
- Abscess
- Mucus and pus + moisturization of the perineum





- Sporadic Crypto-glandular fistula

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How to Manage?

- Evaluation of perineum, Anal canal, anorectum, rectal tissue quality
- => EUA
- Type of pathology
- Severity/degree of inflammation/infection
- Delineate anatomy
- Simple vs complex

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How to Manage?

- Road mapping
- Proximal bowel disease (jejunal, ileal, colonic, rectum and anus)

- Active vs. remission
- New onset => sign of activity

- C-scope w/ ICV intubation + biopsies

- EGD

- MRE / CTE

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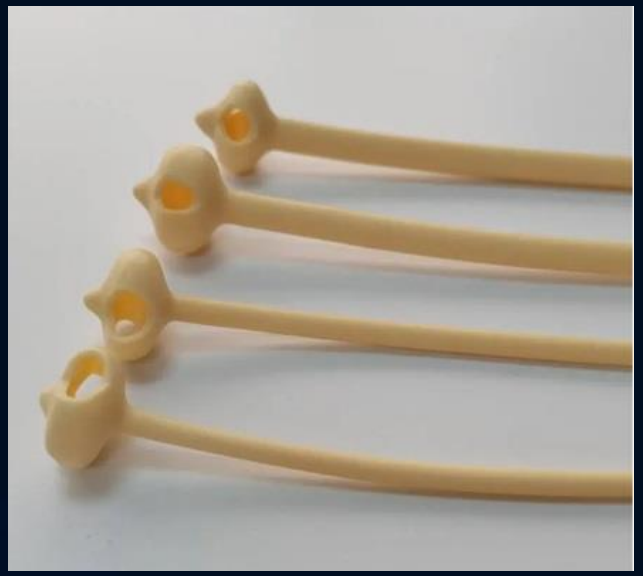
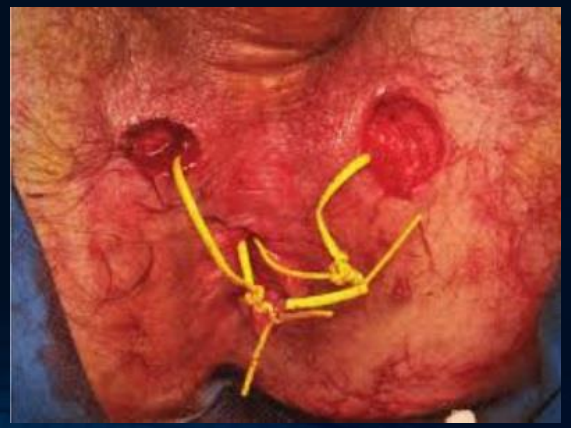
How to Manage?

- EUA:
  - Control sepsis
  - Drain and unroof infection
  - Setons, Penrose, mushroom catheters, red dubber catheters
  - Preserve the anal sphincter
  - Consider DLI – temporary diversion



- Perineal hygiene
  - Shave hair
  - Avoid moisture



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How to Manage?

- Multi-disciplinary discussion
- Initiate biologics / Escalate
- Reevaluate in about 3 months (6 weeks…)
- Doses 4 & 6

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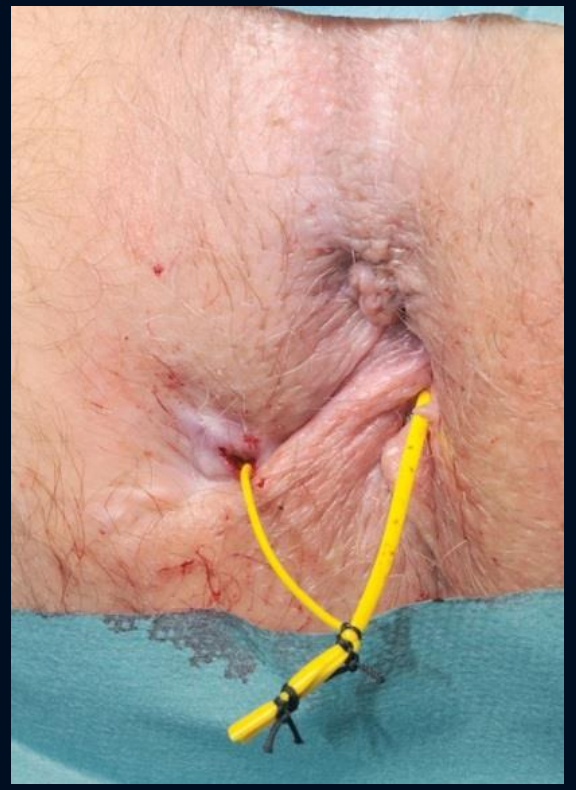
How to Manage?

- Improvement
- Anorectal tissues quality
-
- Cryptoglandular
- => definitive repair

- Atypical location
  - => remove seton
  - => unroofing of the tract
  -
  - => sphincter involved
  - => definitive repair vs. seton removal



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How to Manage?

- No improvement
- => Temporary diversion if not done
- => Dose escalation / change medication

- Improved => evaluate for treatment

- No improvement
- => APR / TPC + permanent stoma

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Perianal Sepsis masquerading CD

- Deep post-anal space infection
- Recurrent infection
- Multiple I&D
- Multiple setons and catheters placement
- ***Absence of CD stigmata***

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Management of Peri-anal Fistula in Crohn's Disease

- Understanding the pathophysiology of the disease
- Knowing the stigmata of perianal CD
- Able to differentiate Cryptoglandular type of disease
- Evaluation is a Key
- Pillars Of intervention
- Multidisciplinary approach
- Setons can stay
- Diversion => investment

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Treatment of Fistula in Crohn's Disease

- Questions

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