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Segmental Colectomy for Ulcerative Colitis: When If Ever?

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Ulcerative Colitis

- Mucosal disease

- Long-term inflammation
  - ⇨ Neoplasia
  - ⇨ Dysplasia (low / high grade)
  - ⇨ Carcinoma

- Increased Risk => 8-10 yrs from ***Symptoms***

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Ulcerative Colitis & Neoplasia

- IBD-associated carcinoma
- More aggressive
- Worse survival
- Biology
- Quiescent disease

- Surveillance
- Missed rate of detection…

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Ulcerative Colitis & Neoplasia

- Presence of dysplasia

⇨ Occult carcinoma

⇨ Fast progression

⇨ Removal of colon & rectum

- Retrospective studies:
- Dysplastic colon specimens => +_ 30% occult cancer / Pathological evaluation

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Ulcerative Colitis & Neoplasia

- Advent in technology => chromoendoscopy
- Subspecialization => IBD-iologists / endoscopists
- Centralization => high volume
- => Organ Preservation?

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Ulcerative Colitis & Neoplasia

- SCENIC proposal
- Advanced/complex endoscopic procedure

⇨ ESD / EMR
⇨ Single lesion
⇨ Not Piece meal
⇨ No signs of concerns
⇨ GI pathologist
⇨ Strict surveillance

- Failure => Surgery

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Ulcerative Colitis & Neoplasia

- Standard of care
- TPC => cure the disease
- => Morbidity (elderly)

- Concept of organ preservation
- *Endoscopic resection => Surgical resection?*

- Surgical resection
- Extent of resection
- Total vs. segmental

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Ulcerative Colitis Patients

- IBD patients may develop
- Sporadic CRC
- Diverticulitis
- SCAD
- Solitary stricture (prevents surveillance / historical risk of carcinoma)

- Quiescent disease

- => Justify total removal of colon and rectum?

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Segmental Colectomy in UC

Does it work?

- Metachronous neoplasia
- Post-surgical colitis / Flare-ups
- Ileostomy free survival
- Completion proctectomy / TPC free survival
- Re-operation

- Is It Safe?

- Who is indicated?

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Segmental Colectomy in UC

- Retrospective study
- Post-operative outcomes
- 55 patients => Segmental colectomy
- 32 (58%) => ASA III
- 48 (88%) Mayo Score 0-1

Yilmaz et al. DCR 2024

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Segmental Colectomy in UC

- Right Hemi: 28 (51%)
- Sigmoidectomy: 17 (31%)
- Left Hemi : 6 (11%)
- LAR : 2 (3.5%)
- Non anatomic resection 2 (3.5%)

- CRC: 15 (27%)
- Diverticular disease: 13 (24%)
- Solitary stricture: 6 (11%)

Yilmaz et al. DCR 2024

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Segmental Colectomy in UC

- Clavien-Dindo Class III-IV: 16 (29%)
- Early colitis: 9%
- Late colitis: 15%
- Metachronous CA: 1
- Completion proctecto-colectomy: 6 (11%)

Yilmaz et al. DCR 2024

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Segmental Colectomy in UC

- Completion TPC Free-survival:
- 2 yrs: 91%
- 5 yrs: 88%

- SC: safe to consider
- In selected case (elderly) with quiescent disease and certain indications

Yilmaz et al. DCR 2024

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Segmental colectomy for UC: Is there a place in selected patients without active colitis?

- International multicentric
- Retrospective study

- Sc => safe alternative to IPAA

- Sigmoidectomy: 28
- Right Hemi: 24
- Proctecomy: 11
- Left Hemi: 9

Frontali et al. JCC 2020

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Segmental colectomy for UC: Is there a place in selected patients without active colitis?

- CRC: 27
- Diverticulitis: 17
- Stenosis: 5
- Dysplasia / Polyps: 8
- Miscellaneous: 15

Frontali et al. JCC 2020

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Segmental colectomy for UC: Is there a place in selected patients without active colitis?

- Flare up: 7% - 3 months
- A median f/u: 40 months
- 24/69 (35%) => reoperation [2-258months]
- TAC: 9
- TPC: 13
- SC: 2

Frontali et al. JCC 2020

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Segmental colectomy for UC: Is there a place in selected patients without active colitis?

- Colitis: 14 (20%)
- CA: 3
- Dysplasia: 3
- ? : 3
- Stenosis: 1

- “SC could possibly represent an alternative to IPAA in selected patients withotu active colitis “

Frontali et al. JCC 2020

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Extent of Surgical Resection in IBD-associated CRC: a population-based study

- Aim: to evaluate the extent of surgical resection in (IBD) patients who develop (CRC)
- Using a validated Ontario registry
- identified patients who underwent CRC, 07 – ‘15.

- 599 ulcerative colitis
- 366 Crohn’s disease (CD)

Bogach et al. JGIS 2021

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Extent of Surgical Resection in IBD-associated CRC: a population-based study

- Segmental resection
-
- UC CD
- 45% 68%

- 5 yrs survival
- 64% 58%

Bogach et al. JGIS 2021

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Extent of Surgical Resection in IBD-associated CRC: a population-based study

- TAC => Worse survival [HR 1.70 (95% CI 1.31–2.21), $p < 0.001$]
- In the setting of IBD-associated CRC, segmental resection and proctocolectomy are associated with similar survival outcomes
- Prospective study is essential to explore these findings.

Bogach et al. JGIS 2021

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TPC vs STC for Neoplasia in patients with PSC-IBD

- PSC and CUC
- 70% of PSC => IBD
- Increased risk of neoplasia => overall worse survival
- More tendency for refractoriness

Dunleavy et al. IBD 2023

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TPC vs STC for Neoplasia in patients with PSC-IBD

- TPC & IPAA
- High rate of pouchitis – about 40%
- Poor pouch function
- Worse quality of life
- Fertility in females

- Rectal sparing colitis

- Risk of neoplasia ?

Dunleavy et al. IBD 2023

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TPC vs STC for Neoplasia in patients with PSC-IBD

- 125 patients
- 99 IPAA
- 26 STC
-

Indication of surgery

• Rectal sparing refractory dz	51%	42%
• Dyspasia	37%	30%
• Carcinoma	11%	26%

Dunleavy et al. IBD 2023

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TPC vs STC for Neoplasia in patients with PSC-IBD

- Surveillance 8 yrs (IPAA) and STC (12yrs)
- LGD 2 pouch 0
- LGD 2 rectal cuff 0

Conclusion:

- STC is considered a viable and safe option in rectal sparing PSC-IBD patients

Dunleavy et al. IBD 2023

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Segmental Colectomy for Ulcerative Colitis: When If Ever?

- SC => ? Acceptable option
- Guidelines
- Highly selected patients
- Specialized centers

- Quiescent disease
- Single CRC
- Non IBD-related pathology
- Surveillance

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Segmental Colectomy for Ulcerative Colitis: When If Ever?

- Questions

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