Fistulas and Abscess Management in Crohn’s Disease

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Perianal Crohn’s Disease

- Crohn’s can involve any portion of GI tract from mouth to anus.
Fistulizing Crohn’s

- Small intestine
- Colonic
- Perianal
Fistulizing Crohn’s

- Small intestine
- Colonic
- Perianal

- Medications
- Resection
- Repair
- Temporizing measures
Fistulizing Crohn’s
Perianal Crohn’s Disease

- Perianal involvement variable
  - 22-54% with perianal Crohn’s
    - More associated with large bowel involvement than small bowel
Normal Anorectal Anatomy
Perirectal Abscess

- Drainage and relief of infection
- Watch for Horseshoe abscess
Perirectal Abscess

- This is Unnecessary
Perirectal Abscess

- Incise and completely drain
- Cruciate incision
Which of these is Crohn’s Disease?

1. Left
2. Right
Fistula-in-Ano

- Park’s Classification
  - Intersphincteric
  - Trans-sphincteric
  - Suprasphincteric
  - Extrasphincteric
Fistula-in-Ano

- Evaluation
  - Examination under anesthesia
  - MRI
  - Ultrasound
  - Endoscopy
Fistula-in-Ano

- There is a trend toward early operative intervention
- Judicious use of setons
- Avoid musculature
- Beware of active proctitis
Ciprofloxacin and Metronidazole have both been used to treat perianal involvement. Unclear regarding closure of fistulas and often recur after discontinuation of meds.
Fistula-in-Ano

- Seton
- Keeps skin open at external opening to prevent reformation of abscess
- Allows/Encourages drainage
Fistula-in-Ano – Seton
Fistula-in-Ano – Seton
Fistula-in-Ano

- Watering can perineum
Watering Can Perineum
Simple Fistulas

- Common options
  - Fistulotomy
  - Mucosal advancement flap
  - LIFT

- Questionable options
  - Fistula plug
  - Fibrin glue
Fistulotomy

- Tract is “laid open”
Rectal Advancement Flap

- Covering the mucosal opening with healthy mucosa
- Goal is to close fistula with preservation of continence
Rectal Advancement Flap
Rectal Advancement Flap
Rectal Advancement Flap
LIFT Procedure

- Ligation of the Intersphincteric Fistula Tract (LIFT)
  - Increasingly popular option for trans-sphincteric fistulas
  - Limited data in Crohn’s disease is promising
  - 67% healing at 12 months
Ligation of the intersphincteric fistula tract has shown success rates of at least 50%.

Courtesy of Joshua I.S. Bleier, MD
Fistula Plug

- Closing internal opening with plug and “filling the tract”
Fibrin Glue

- Closing internal opening with fibrin
Fibrin Glue
Stem Cells??

- Injection of mesenchymal stem cells into mucosa and into tract with fibrin glue
- No randomized trials yet
- 73% closure (versus 16% with fibrin alone) – some Crohn’s patients
Rectovaginal Fistula

- Rectovaginal fistula
- Evaluate for active rectal disease
  - Minimal/No active rectal disease = local repair
  - Very severe or high fistulas with excessive symptoms may require proctectomy
Complex/Severe Fistula

- Diversion
- Proctectomy
Proctectomy

- The end result of untreatable persistent rectal inflammation
- Life altering
- Most patients choose this after exhausting all other options
Watering Can Perineum
Stoma
Rare Complication

- Epidermoid carcinoma
- Crohn’s related malignancy
- Rare
- >10 yrs of inflammation
Conclusion

- Perianal Crohn’s disease all too common
- Drain infections
- Careful workup to establish tract anatomy and degree of inflammation
- Various therapeutic options exist for management