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SURGERY AND ANESTHESIA

Surgery of Crohn's Disease. Does the type of Anastomosis and Resection really play a role in the prophylaxis of Postoperative Recurrence ?

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Background: Crohn Disease (CD) is a chronic intestinal inflammatory disease associated with high rates of postoperative recurrence (POR). More than 75% of patients undergo at least one surgery. Moreover, in a large number of cases the disease recurs and the risk of undergoing a new intervention is estimated at around 1.5% per year. The observation that patients with definitive ileostomy rarely have relapses and that in 90% of cases they are located in the pre-anastomotic tract, leads us to suppose that the type of anastomosis can play a role in the appearance of POR.

Purpose: To focus the role of surgery in reducing the incidence of ROP, with particular reference to the size of intestinal resection and the type of anastomosis.

Methods : Review of the literature of the last two decades and critical analysis of one's own experience.

Results: The extent of intestinal resection and the type of anastomosis have been the subject of numerous studies. The extent of the resection margin has no influence on recurrence rates. Therefore, the extended resections should be avoided: a macroscopically normal margin of 2 cm is adequate and the presence of microscopic residual disease at the resection margins does not lead to a significant increase in the incidence of recurrences. The rate of relapse would be lower in cases where the anastomotic configuration is such as to present a broad wide, as in the case of latero-lateral anastomosis (SSA), rather than a narrow lumen, as in the termino-thermal anastomosis (EEA). It appears that the rates of relapse after SSA are lower, especially if the anastomosis is performed with stapler (stapled side-to-side anastomosis-SSSA) compared to that performed manually (handswen end-to-end anastmosis-HEEA).

Conclusions.. The role of the different resection techniques and of the different types of anastomoses remains uncertain today and it is not possible to establish the effectiveness in preventing recurrences. Further large-scale controlled studies with long-term follow-up are needed.