

# БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ

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**БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ**  
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**TOTAL COLECTOMY FOR COMPLICATED FORMS OF CROHN'S DISEASE OF THE COLON**

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Crohn's disease is frequently associated with a wide range of local and systemic complications. Local complications include bleeding, toxic megacolon, bowel perforation, fistulas, intra-abdominal infiltrates and abscesses, strictures and malignancy. As the disease progresses, intestinal bleeding has been reported in 8–14% of patients. In most cases, bleeding can be controlled by conservative measures; however, in some patients it is necessary to resort to surgical intervention. Profuse intestinal bleeding may represent an indication for surgical intervention when conservative and endoscopic measures fail.

The aim of this study is to develop effective methods for the diagnosis and treatment of Crohn's disease with total involvement of the colon complicated by bleeding.

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**ТОТАЛЬНАЯ КОЛЭКТОМИЯ ПРИ ОСЛОЖНЁННЫХ ФОРМАХ БОЛЕЗНИ КРОНА ТОЛСТОЙ КИШКИ.****АННОТАЦИЯ**

Болезнь Крона часто сопровождается широким спектром локальных и системных осложнений. К локальным осложнениям относятся кровотечения, токсический мегаколон, перфорация кишечника, свищи, внутрибрюшные инфильтраты и абсцессы, стриктуры, а также

злокачественные новообразования. По мере прогрессирования заболевания кишечное кровотечение отмечается у 8–14% пациентов. В большинстве случаев кровотечение удаётся контролировать с помощью консервативных методов; однако у части пациентов возникает необходимость в хирургическом вмешательстве. Профузное кишечное кровотечение может являться показанием к хирургическому лечению в случаях неэффективности консервативных и эндоскопических методов.

Целью настоящего исследования является разработка эффективных методов диагностики и лечения болезни Крона с тотальным поражением толстой кишки, осложнённой кровотечением.

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## **KRON KASALLIGI BILAN KECHUVCHI ASORATLANGAN YO'G'ON ICHAK KRON KASALLIGIDA TOTAL KOLEKTOMIYA**

### **ANNOTATSIYA**

Kron kasalligi ko'pincha mahalliy va tizimli asoratlarning keng doirasi bilan kechadi. Mahalliy asoratlarga ichakdan qon ketishi, toksik megakolon, ichak perforatsiyasi, fistular, qorin bo'shlig'idagi infiltratlar va abscesslar, strikturalar hamda malign o'smalar kiradi. Kasallik rivojlanishi davomida ichakdan qon ketishi bemorlarning 8–14 foizida kuzatiladi. Aksariyat hollarda qon ketishini konservativ usullar yordamida nazorat qilish mumkin, biroq ayrim bemorlarda jarrohlik aralashuviga ehtiyoj tug'iladi. Konservativ va endoskopik muolajalar samara bermagan hollarda profuz ichak qon ketishi jarrohlik davolash uchun ko'rsatma bo'lishi mumkin.

Mazkur tadqiqotning maqsadi yo'g'on ichakning to'liq zararlanishi va qon ketish bilan asoratlangan Kron kasalligini tashxislash hamda davolashning samarali usullarini ishlab chiqishdan iborat.

### **MATERIALS AND METHODS**

A total of 109 patients with Crohn's disease and its complications were studied. The patients' age ranged from 17 to 74 years. The mean age was 38.8 years. The majority of patients (97; 88.9%) were aged 17–59 years. There were 74 men (67.9%) and 35 women (32.1%). Thirty-six patients (34.9%) required emergency hospitalization. On admission, patients presented with diarrhea, loose stools mixed with blood and pus, and abdominal pain.

In addition to general clinical and laboratory examinations, all patients underwent special comprehensive clinical and instrumental diagnostic procedures aimed at clarifying the localization of the pathological process. Diagnostic evaluation included rectosigmoidoscopy, contrast radiography of the colon, upper gastrointestinal endoscopy (EGD), and computed tomography.

### **RESULTS AND DISCUSSION**

Small intestinal involvement was identified in 16 patients (14.7%), involvement of the large intestine in 71 patients (65.1%), and combined involvement of both the small and large intestines in 22 patients (20.2%).

Among 89 patients with Crohn's disease, the following complications were observed: bleeding in 41 patients (37.6%), Crohn's inflammatory pseudopolyps in 16 (14.6%), strictures of the large intestine in 13 (11.9%), strictures of the small intestine in 12 (11.0%), abdominal infiltrate in 5 (9.0%), and toxic megacolon in 2 patients (1.8%). Post-hemorrhagic anemia was observed in 12 patients. An uncomplicated form of Crohn's disease was noted in 20 patients (18.3%).

All patients with Crohn's disease complicated by bleeding received comprehensive conservative therapy, regardless of subsequent treatment strategy.

Hemostasis was achieved through the use of medications with both local and systemic effects. Hemostatic therapy included intravenous administration of 5% aminocaproic acid solution (100.0 ml), 10% calcium chloride solution (10.0 ml), vikasol (1–2 ml), and intramuscular dicynone (2.0 ml). When necessary, transfusions of compatible whole blood and native plasma (100.0–150.0 ml intravenously) were performed. As local therapy for Crohn’s disease affecting the distal colon and complicated by bleeding, microenemas with 5% aminocaproic acid solution (50.0 ml) were used.

A total of 61 patients (56.0%) underwent surgical treatment, including 36 patients operated on for bleeding. The following surgical procedures were performed: total colectomy with ileorectal anastomosis in 11 patients; total colectomy with formation of a single-barrel ileostomy in 6 patients; synchronous two-team subtotal colectomy with formation of an ascendoanal anastomosis in 8 patients; resection of the ileocecal region with ileoascendoanastomosis in 6 patients; and right-sided hemicolectomy with end-to-side ileotransverse anastomosis in 5 patients.

**Complications of Crohn’s disease requiring surgical treatment.**

**Table 1**

Indications for use	Number of patients
Bleeding	18 (28,1%)
Colon stricture	14 (21,8%)
Small intestinal stricture	7 (10,9%)
Pseudopolynosis coli	6 (9,4%)
Rectal swishes	6 (9,4%)
Interintestinal fistulas	3 (4,8%)
Toxic dilation of the colon	2 (3,1%)
Combination of several complications	8 (12,5%)

**Types of surgical interventions performed, n=61**

**Table 2**

Types of operations	Number of patients
Total colostomy with ideorectal anastomosis	18 (29,5%)
Small bowel resection with entero-entero anastomosis	13 (21,3%)
Resection of the ileocecal abgle with the creation of a single-barrel ileostomy	9 (14,7%)
Total colectomy with single-barrel ileostmy	7 (11,5%)
Synchronous double-brigade subtotal colectomy with ascendoanal anastomosis	7 (11,5%)
Right hemicolectomy with end-to-side ileotransverse anatomosis	7 (11,5%)
Total	61 (100%)

During surgery, peritoneal fluid cultures were obtained from all patients and subjected to bacteriological examination. Biopsies of enlarged paracolic lymph nodes were also taken, and the resected segments of the intestine were examined pathomorphologically. The source of bleeding in Crohn’s disease was identified as deep ulcer-fissures of the intestinal wall.

Thus, the conducted studies demonstrated that in 37.6% of cases granulomatous colitis is complicated by bleeding. After a short course of conservative treatment, taking into account comorbidities and appropriate preoperative preparation, patients should undergo radical surgical treatment in the form of colectomy or resection of the affected intestinal segment with primary

anastomosis. The type and extent of surgery depended on the level of intestinal involvement and the type of Crohn's disease complications.

#### Postoperative complications

Postoperative complications	Number of patients	%
Failure of ileocoloanastomosis	1	1,6
Bleeding from a duodenal ulcer, DIC syndrome	1	1,6
Mesenteric vascular thrombosis	1	1,6
Perforation of the small intestine	1	1,6
Total	4	6,4

#### CONCLUSIONS

1. Crohn's disease is complicated by bleeding with the development of post-hemorrhagic anemia in 37.6% of cases.
2. Surgical treatment should be considered after bleeding control and appropriate preoperative preparation.
3. The type of surgical intervention in patients with granulomatous colitis complicated by recurrent bleeding depends on the level of intestinal involvement.
4. In cases of total colonic involvement by granulomatous colitis with complicated forms, total colectomy may represent an effective surgical option in selected patients with extensive colonic involvement and complicated disease course

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