

## CLINICAL GUIDE OF RUSSIAN ASSOCIATION OF GASTROENTEROLOGY AND RUSSIAN ASSOCIATION OF COLOPROCTOLOGY ON DIAGNOSTICS AND TREATMENT OF ULCERATIVE COLITIS

## ABDOMINAL WALL RECONSTRUCTION AFTER SURGERY FOR LOCALLY RECURRENT COLON CANCER IN PATIENT WITH LYNCH SYNDROM

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*Surgical resections the mainstay of treatment for patients with local recurrence of colon cancer. Only an aggressive surgical approach, encompassing en bloc multivisceral resection is necessary to achieve clear margins, affords the best prospect for long-term survival. The involvement of the anterior abdominal wall requires its extensive resection. The closure of defects is challenging surgical problem. Negative pressure wound therapy (NPWT) is the application of suction (negative pressure) to wounds that are healing. NPWT has been used for many years for the treatment of chronic wounds, such as leg ulcers and bed sores. More recently, the system has been modified for use on clean surgical wounds, including skin grafts. In this paper we represent one case of patient who received salvational surgery in our clinic for local recurrence of colon cancer. Vacuum therapy was successfully used to enhance healing process of large abdominal wound.*

**[Key words: local recurrence, loco-regional recurrence, colon cancer, local relapse, negative pressure wound therapy, vacuum therapy]**

## MULTIPLE PRIMARY COLORECTAL CANCER: THE POSSIBILITIES OF MINIMALLY INVASIVE SURGICAL INTERVENTIONS

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*BACKGROUND. Study of oncobiological aspects of such a phenomenon as multiplicity of primary colorectal tumors, as well as improvement of methods of their treatment is relevant nowadays. The aim of the study was to reveal the potential of minimally invasive surgery for multiple primary colorectal cancer.*

*MATERIAL AND METHODS. Data on 51 patients with synchronous multiple primary colorectal cancer were studied. Clinical, biological and morphological characteristics of synchronous colorectal tumors were analyzed. 12 of 51 patients underwent minimally invasive surgeries of the colon and rectum – laparoscopy and transanal endoscopic resection of the rectum.*

*RESULTS showed that synchronous colorectal cancer prevailed in patients with multiple primary colorectal cancer (63,8 %), with tumors localized mainly in the sigmoid (62,75 %) and the rectum (56,86 %). Minimally invasive approach allowed reduction of the number of postoperative complications by 2,5 times and improvement of rehabilitation of patients.*

*CONCLUSION. Application of modern technologies in treatment for synchronous multiple primary colorectal cancer contributes to improvement of the treatment outcomes.*

**[Key words: multiple primary synchronous colorectal cancer, minimally invasive surgical interventions]**

## INDICATIONS FOR INJECTION OF BULKING AGENTS FOR THE TREATMENT OF ANAL INCONTINENCE

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*Despite of lots conservative and surgical methods of treatment, the problem of anal incontinence is relevant today and remains unresolved. Since the beginning of the 1990s attempts of implantation of bulking agents in order to increase the basal pressure in the anal canal were begun. Domestic product "ДАМ +" used in the study.*

*OBJECTIVE. To determine the indications for injection of bulking agents for the treatment of anal incontinence. Research the possibility of using the drug "ДАМ +," with assessment of treatment outcomes.*

*During a period of 2014 to 2016 there were 30 patients with anal incontinence of various etiologies involved in research. The mean age was 47,5 ± 6,5 years. Injection of bulking agent "ДАМ+" were performed by the puncture of submucosa of the anal canal in 3 points, and followed by a comparative analysis of the survey after treatment. Average follow-up was 12,1 ± 0,97 months. The study we have identified indications for the implementation of bulking agents for correction of anal incontinence, and the estimation results.*

**[Keywords: anal incontinence, lack of anal sphincter, bulking agents]**

## MEDIASINAL EMPHYSEMA AS A COMPLICATION OF COLONOSCOPY

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*Cases of mediastinal emphysema (pneumomediastinum), as a complication of endoscopic colonoscopy perforation of the colon, according to the publications and given its own experience in the treatment of this rare complication were analyzed.*

*There are few publications on the perforation of the colon during colonoscopy, with the development of pneumomediastinum, pneumoretroperitoneuma, pneumothorax in a scientific literature. Air supply into the retroperitoneal space and the mediastinum from perforation of the intestine through the place connected with the lifting him through the natural anatomical connection.*

*Some authors provide proven X-ray of the chest clinical cases pneumomediastinum and subcutaneous emphysema in a patient suspected of having ulcerative colitis after outpatient colonoscopy with biopsies, as well as pneumomediastinum with emphysema of soft tissues of the neck after endoscopic polypectomy. The diagnosis was established clinically (dyspnea, subcutaneous emphysema of the neck), but also the data of X-ray studies. The most life-threatening complication of colonoscopy a combination of pneumothorax, pneumomediastinum, and pneumoperitoneum retroperitoneuma that requires immediate diagnosis and surgical intervention. In these cases, it may be a tension pneumothorax, in which is shown an emergency thoracostomy. During the stress pneumomediastinum an adequate drainage of the mediastinum and (if indicated) pleural cavities is performed. Clinical terms of self-resolution of mediastinal emphysema account for an average of 6.2 days in the majority of patients.*

*During colonoscopy balloon dilation of strictures of the colon may also be complications: subcutaneous emphysema and bilateral pneumothorax.*

*In our practice, there were two clinical cases of mediastinal emphysema at colonoscopy due to perforation of the sigmoid colon in one case, and perforation of the sigmoid colon diverticulum in another. The patients were operated on with a favorable outcome, laparotomy and bowel resection with anastomosis device SEEA-29 were performed.*

*The perforation of the gut during endoscopy requires emergency surgery. Mediastinal emphysema may be as a complication of colonoscopy and is associated with the air intake from the intestine through the perforation into the retroperitoneal space, and then in the mediastinum. During unressed pneumomediastinum resorption occurs independent of emphysema in the next day after a bowel injury.*

**[Keywords: endoscopic colonoscopy, perforation of the colon, mediastinal emphysema]**

## THE ROLE OF CYTOREDUCTIVE SURGERY (CRS) AND INTRAPERITONEAL INTRAOPERATIVE CHEMOTHERAPY (IIC) IN THE TREATMENT OF PERITONEAL CARCINOMATOSIS FROM COLORECTAL ORIGIN

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*AIM. To assess early results and survival in patients with CRS and IIC strategy.*

*METHOD. 56 CRC with PC patients underwent CRS+IIC. pT4 stage occurred in 38 (67,5 %) pts. N+ status was detected in 39 (69 %) cases. In 44 (79 %) pts. carcinomatosis was synchronous. PCI was ranged from 1 to 21 (Me=3).*

*RESULTS. Mortality and morbidity rate in postoperative 30 days was 0 % and 14 %, respectively. The median disease-free survival (DFS) was 21 months. Multivariate analysis revealed that PCI (p=0,0007) and the presence of extraperitoneal metastases (p=0,0097) were independent negative predictors of DFS. The empirical analysis showed that level of PCI more than 8 was the predictor of negative prognosis (p=0,044).*

*CONCLUSION. It has been shown that poor prognosis factors were PCI more than 8, and the presence of distant extraperitoneal metastases of CRC.*

**[Key words: carcinomatosis, colorectal cancer, cytoreductive surgery, intraperitoneal chemotherapy]**

## RISK FACTORS FOR DIARRHEA ASSOCIATED WITH CLOSTRIDIUM DIFFICILE, IN COLOPROCTOLOGICAL PATIENTS (review)

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**[Key words: clostridium difficile infection, pseudomembranous colitis, antibiotic-associated diarrhea]**

## MAGNETIC STIMULATION IS A METHOD OF PHYSICAL THERAPY IN COLOPROCTOLOGY (review)

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**[Key words: noninvasive magnetic stimulation, anal sphincter dysfunction, pelvic floor muscles, external anal sphincter, chronic constipation]**

## MAIN DIRECTIONS OF ORGANIZATION OF A SPECIALIZED COLOPROCTOLOGICAL MEDICAL CARE

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## ONCOLOGICAL ASSESSMENT OF EMERGENCY SURGERY IN PATIENTS WITH COMPLICATED COLORECTAL CANCER

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