

SOME ASPECTS OF DIAGNOSTICS AND TREATMENT IN CHRONIC COLONIC STASIS

A.A. Sopuev^{1,2}, B.K. Orozobekov¹, J.B. Mamakeev¹, A.Sh. Abdiev¹,
T.A. Akmatov¹, A.A. Kalzhikeev¹

¹ National Surgical Center of the KR MH (K.M. Mamakeev – Dr. of Medical Sciences, Professor)

² Kyrgyz State Medical Academy named after I.K. Akhunbaev (A.Z. Zurdinov – Rector, Corresponding Member of the KR NAS)
Kyrgyz Republic, Bishkek City

Summary. The experience of treating 150 patients with chronic colonic stasis of no tumor genesis has been analyzed that received in-patient treatment at the National Surgical Center of the KR MH from 2005 to 2014. There were 114 (76%) women; men – 36 (24%); middle age was 48.3±7.6 years old.

On surgical treatment of chronic colonic stasis a frequency of unsatisfactory results reaches 27.3-45.9%. Transit disturbance in colon may be caused both by anatomical peculiarities and functional reasons. Key to successful treatment of chronic constipation is revealing its true reasons from the available number of reasons and factors and its elimination.

Key words: chronic colonic stasis, indications to operation, kinds of surgical interventions.

Chronic constipation is an urgent medical and social problem throughout the world; according to many authors' data up to 30% of adults suffer from that [2, 3, 5]. No one of the proposed methods for conservative and surgical treatment of chronic colonic stasis bring the desired results [3].

On surgical treatment of chronic colonic stasis a frequency of unsatisfactory results reaches 27.3-45.9% [1, 2, 4]. Transit disturbance in colon may be caused both by anatomical peculiarities and functional reasons [6]. Key to successful treatment of chronic constipation is revealing its true reasons from the available number of reasons and factors and its elimination.

The main goal of research: provide assessment of the treatment results of the patients with chronic colonic stasis of no tumor genesis.

Materials and Methods

The experience of treating 150 patients with chronic colonic stasis of no tumor genesis has been analyzed. They received in-patient treatment at the National Surgical Center of the KR MH from 2005 to 2014. There were 114 (76%) women; men – 36 (24%), middle age was 48.3±7.6 years old.

Outcomes and Discussion

We used the following diagnostic algorithm for patients with chronic colonic stasis:

anamnesis, physical examination, clinical and biochemical laboratory tests, endoscopic and radiological examination, and sphincterometry. In order to exclude or confirm the reasons of chronic constipation neurological, psychogenic or endocrine genesis – a neurologist, endocrinologist-therapist's advice was used.

Conservative treatment was efficient for 30 (20%) patients. The rest 120 (80%) patients undergone surgical intervention. The indications for the planned surgical treatment of chronic colonic stasis were: inefficiency of conservative therapy; progressing disturbance of colon motion function.

All the patients with chronic colonic stasis were administered complex conservative therapy including a diet, drug treatment, and physiotherapy.

A group of operated patients included 34 (28.3%) men and 86 (71.7%) women. Middle age: -48.3 ± 7.6 years. The reasons of chronic colonic stasis were: Hirschsprung disease (21), megadolichocolon (53), megadolichosigmoid (37), and atypical position of the colon caused by its pathological mobility due to disturbance of fixing process in the abdominal cavity (Payro's syndrome – 8; coloptosis – 1). In 5 cases Payro's syndrome combined with megadolichosigmoid.

Resection of the sigmoid colon on megadolichosigmoid was performed for 37 patients; three of them were operated in the past for volvulus. For 53 patients with dolichocolon an extensive resection of the colon was performed – subtotal colectomy with ileosigmoidostomy for 38 patients; left-sided hemicolectomy with transversorectostomy – for 15 patients. Left-sided hemicolectomy with transversorectoanastomosis was performed for 5 patients with Payro's syndrome combined with megadolichosigmoid. Colopexy was performed in 1 case of total coloptosis on the background of abnormal bowel fixation. Subtotal colectomy was performed in 21 cases among the patients with Hirschsprung disease.

In 11 (9.2%) cases the development of early postoperative complication was noted (in 2 - anastomotic failure, 4 - dynamic small bowel obstruction and 5 - early postoperative adhesive obstruction), which caused repeated surgical intervention. There was no postoperative fatal outcome.

Long-term results were studied for 98 (81.7%) patients. We evaluated the results to be good for 79 (80.6%) patients. All of them felt well; restoration of intestinal passage and regular stools were observed. Satisfactory results were received from 16 (16.3%) patients. Despite the improvement of disturbance of colon motion function, from time to time, on diet violation, reducing physical activity, they have to accept laxatives. 3 (3.1%) unsatisfactory results were received from the patients with Hirschsprung disease in combination with haemangiomas of retroperitoneal space, pelvis wall and large intestine loop due to impossible radical surgery.

Conclusion

Surgical treatment is shown on ineffectiveness of complex conservative therapy of the patients with chronic colonic stasis during decompensation stage. Intervention choice depends on the specified during complex examination reasons for colonic stasis syndrome and intestine functional state.

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