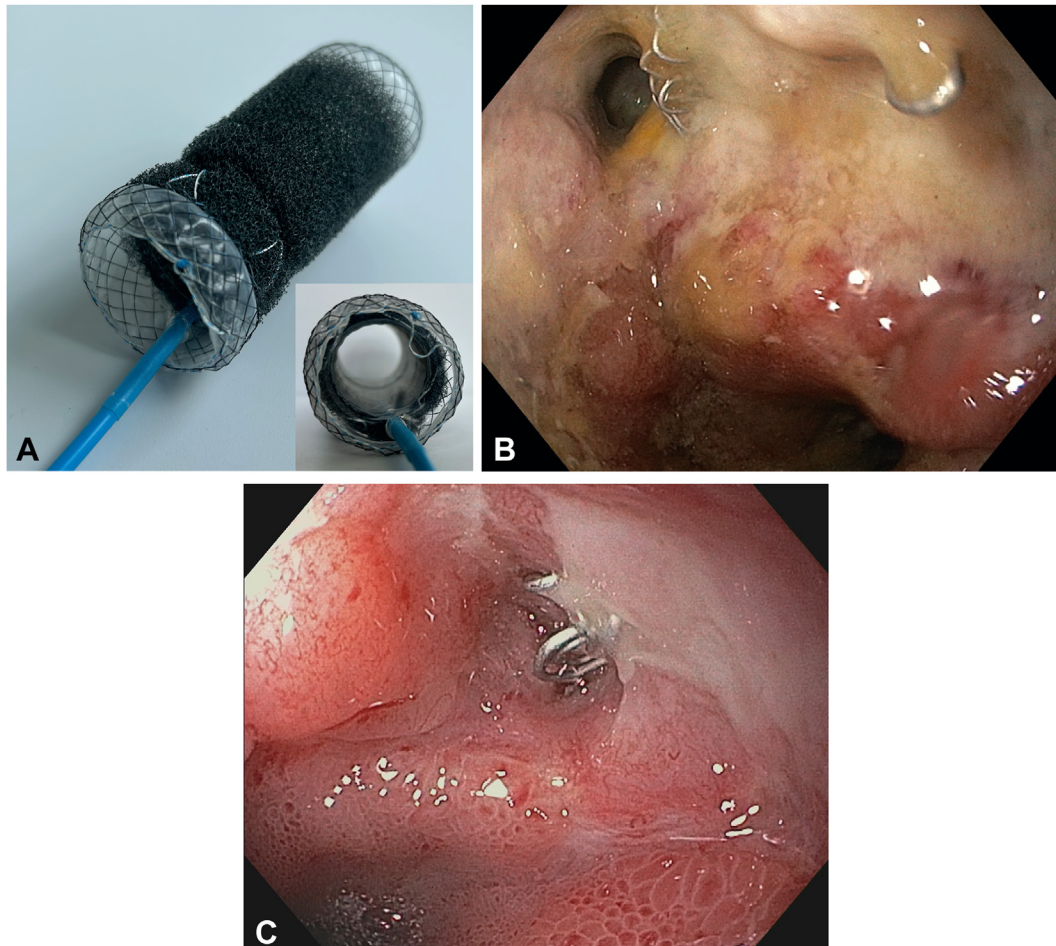




New therapeutic approach for anastomotic leaks after ileoanal J-pouch construction in patients with ulcerative colitis



Anastomotic leaks are severe adverse events in ileoanal J-pouch (IJP) constructions for ulcerative colitis patients, potentially causing long-term dysfunction and pouch failure. Here, we present the VACStent (diameter 36 mm, length 80 mm, MICRO-Tech, Düsseldorf, Germany) designed for the lower GI tract as a new treatment option. This self-expandable metal stent is encased in a polyurethane sponge cylinder with an interior silicone membrane, which is impermeable to gas and fluids, connected to a vacuum pump via catheter tubing (A). The VACStent is inserted by use of an over-the-wire technique with a flexible introducer system under direct endoscopic vision. It covers the leak while allowing stool passage and providing continuous drainage.

This technique was used in a 38-year-old man with an IJP anastomotic leak detected on the twelfth postoperative

day after he had undergone a proctocolectomy without a protective stoma because of refractory ulcerative colitis (B). After placement of the VACStent, continuous negative pressure of -75 mm Hg was applied. Despite the stent's low position, there were no issues with incontinence or obstruction. The VACStent was exchanged each 5 to 7 days, and by the twenty-fourth postoperative day, the leak was completely sealed (C). This case underscores the potential of the VACStent in managing critical IJP leaks.

DISCLOSURE

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Commentary

Despite advances in surgical techniques and devices, anastomotic leak has remained a persistent indvertible adverse event with associated morbidity and mortality. Over the years, various salvage endoscopic interventions have gained interest, such as primary closure with endoscopic clips, application of fibrin glue, placement of self-expandable metal stents, and endovacuum therapy. Endovacuum therapy for the treatment of colorectal anastomosis has a success rate of 82% in the published literature. It is mainly suitable for lower colorectal anastomotic leaks. In a circumferential anastomosis, a conventional sponge would be space occupying, leading to obstruction of the lumen and a constant risk of contamination of the sponge by fecal material. Constant pressure over the sponge in these circumstances increases the risk of sponge mispositioning and migration as the stool passes. To face these limitations, many endoscopists advocate for a dual modality, with placement of a self-expandable metallic stent over the sponge, which not only allows the feces to pass but also ensures that the sponge remains in place. In this case the authors explain the successful use of a new VACStent device with a built-in vacuum system over a stent. This device seems to be convenient and easier to use, especially as endovacuum therapy usually requires sponge exchange every few days. The other benefit of this device is the presence of a circumferential sponge around the external surface of the stent. I would be interested to see the success rate of this new VACStent in a larger cohort of patients.

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Appendiceal cast due to fecal impaction in the appendix



A 69-year-old man underwent total colonoscopy for the follow-up observation of small polyps in the transverse colon. A fecal impaction occupied the appendiceal orifice, and the entire orifice appeared as a submucosal tumorlike protrusion (**A**). The fecal matter was carefully extracted with forceps and was shown to have whitish substances attached to the feces within the appendiceal lumen. These substances were considered likely to be exposed surfaces of the mucosal gland openings (**B**). The interior of the appendix turned inside out toward the lumen, and gland openings were observed in some areas, indicating regional erosion (**C**). Analysis of a biopsy specimen from this erosion resulted in a diagnosis of necrotic and degenerated mucosal muscle layers. The recovered specimen included parts of the degenerated mucosal muscle layer that tested positive for desmin (**D**, H&E, original magnification $\times 1$; blue box, H&E, orig. mag. $\times 200$). Occupancy of the appendix entrance by feces is thought to induce

local shedding of the mucosal surface in a manner similar to that of a colon cast. The patient experienced mild lower abdominal heaviness for a few days, which resolved spontaneously, and he experienced no adverse events, including appendicitis.

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