AB174. SOH21AS184. Biodegradable polydioxanone stenting: a useful tool in the management of recurrent colorectal anastomotic strictures failing to respond to endoscopic balloon dilation

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Background: Post-operative anastomotic stricture is a common complication of colorectal surgery. It is well established that endoscopic dilation is the first line option in managing these colorectal strictures. However, it is unclear what is the most suitable management of strictures not responding to endoscopic dilation.
Methods: This case is of a 67 male who underwent a low anterior resection with de-functioning ileostomy for synchronous descending colon and upper rectal colorectal tumours and subsequently developed a post-operative anastomotic stricture. 5 attempts of endoscopic balloon dilation were unsuccessful with rapid re-structuring after each attempt. A biodegradable polydioxanone (PDS) stent was successfully inserted.
Results: Repeat sigmoidoscopies at 5 months and 1 year post insertion showed no recurrence of the stricture. The patient then underwent reversal of the ileostomy and had an uncomplicated recovery with excellent bowel function thereafter.
Conclusions: This case describes the safe and effective use of a biodegradable PDS stent for refractory colorectal anastomotic stricture. We believe PDS stents can be an effective and useful tool to preventing the need for re-operation in cases of refractory post-operative colorectal stricture.
Keywords: Colorectal; anastomosis; stricture; polydioxanone (PDS); stent

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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