Pokroky v endoterapii u IBD

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XX. Intenzivní kurz IBD

10. - 11. 11.2022, Praha

Pokroky v endoterapii IBD

- Endoterapie u IBD má svá specifika
  - Primární nebo sekundární změna anatomie
  - Strukturální změny střevní stěny
  - Opakované intervence

- Specifický typ pacienta
  - Opakované výkony
  - Vyšší senzitivita
  - Konkomitantní terapie CS

- Specifická problematika úzké skupiny odborníků
  - Terciální IBD centra
  - Absence výukového programu
  - Nízká informovanost odborné veřejnosti

Pokroky v endoterapii IBD

Guidelines

Practical guidelines on endoscopic treatment for Crohn's disease strictures: a consensus statement from the Global Interventional Inflammatory Bowel Disease Group

Bo Shen, Gursimran Kochhar, Udayakumar Navaneethan, Francis A Farraye, David A Schwartz, Marietta Iacucci, Charles N Bernstein, Gerald Dryden, Raymond Cross, David H Bruining, Taku Kobayashi, Martin Lukas, Amandeep Shergill, Martin Bortlik, Nan Lan, Milan Lukas, Shou-Jiang Tang, Paulo Gustavo Kotze, Ravi P Kiran, Parambir S Dulai, Sandra El-Hachem, Nayantara Coelho-Prabhu, Shyam Thakkar, Ren Mao, Guodong Chen, Shengyu Zhang, Begoña González Suárez, Yago Gonzalez Lama, Mark S Silverberg, William J Sandborn

ESGE ASGE ECCO

bez vydaných doporučení

Pokroky v endoterapii IBD

EBD

2.1 Asymptomatic or incidental strictures can be treated with balloon dilation if the benefits outweigh the risks for individual patients. If the strictures are not endoscopically traversable, balloon dilation can be done. Endoscopic consent forms should mention possible treatment of asymptomatic or incidental strictures with balloon dilation

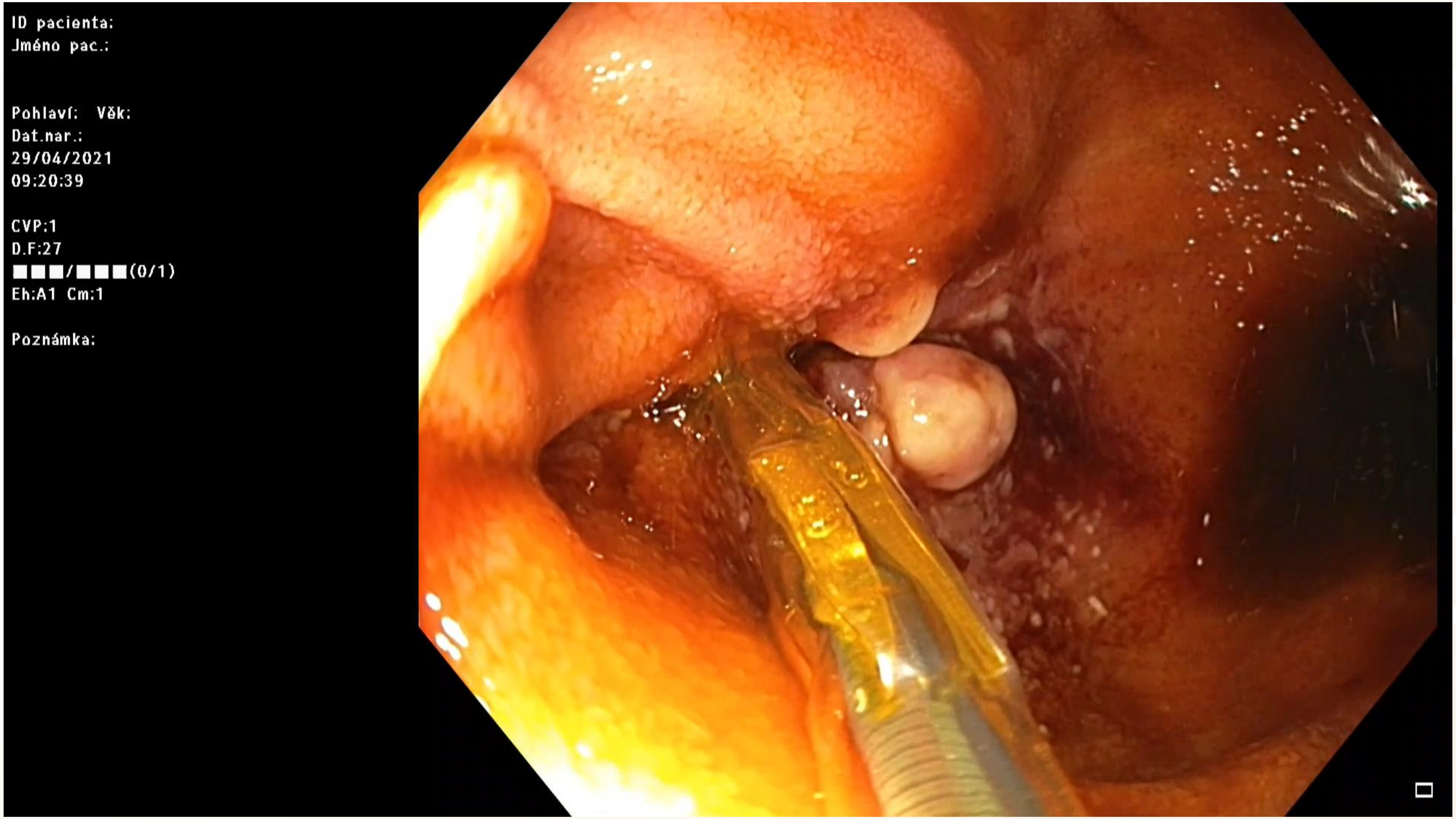
2.3 Graded dilation with balloons that increase in size (to a maximum of 18–20 mm) in a stepwise manner is recommended

2.6 No consensus on optimal duration of balloon insufflation†

2.9 EBD is efficacious and safe for primary or anastomotic strictures <4–5 cm in length

Shen, Bo et al. "Practical guidelines on endoscopic treatment for Crohn's disease strictures: a consensus statement from the Global Interventional Inflammatory Bowel Disease Group." *The lancet. Gastroenterology & hepatology* vol. 5,4 (2020): 393-405. doi:10.1016/S2468-1253(19)30366-8

EBD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Pokroky v endoterapii IBD

Endoscopic balloon dilation in the management of strictures in Crohn's disease: a systematic review and meta-analysis of non-randomized trials

Udayakumar Navaneethan[1] · Vennisvasanth Lourdusamy[1,2] · Basile Njei[3] · Bo Shen[4]

Authors	Published year	No. of patients	Anastomotic strictures (%)	Maximum balloon caliber (mm)	Technical success (%)	Major complication (%)	Surgical intervention (%)
Summated/pooled values	–	1163 (total)	69	–	89	4	27
Ramboer et al.	1995	13	69	18	100	0	15
Brooker et al.	2003	14	79	20	62	0	21
Singh et al.	2005	17	35	20	97	18	18
Foster et al.	2008	24	41	20	NA	13	8
Dear et al.	2001	22	95	18	NA	0	27
Steinecker et al.	2009	25	42	18	97	4	20
Hoffman et al.	2008	25	57	20	100	16	24
Blomberg et al.	1991	27	100	25	100	15	15
Aljouni et al.	2006	37	37	20	90	3	13
Sabate et al.	2003	38	68	25	84	3	38
Morini et al.	2003	43	64	18	79	0	42
Ferlitsch et al.	2006	46	59	20	85	7	28
Cockuyt et al.	1995	55	66	25	90	11	35
Thomas et al.	2003	59	90	18	74	3	61
Breysem et al.	1992	18	NA	18	89	0	28
Hagel et al.	2014	77	57	20	65	10	35
Scimeca et al.	2011	37	90	20	NA	0	11
Gustavsson	2012	178	80	25	89	11	36
VanAssche et al.	2010	138	84	18	97	8	24
Endo et al.	2013	30	36	20	94	10	36
Nanda et al.	2013	31	100	18	100	0	45
De'Angelis et al.	2013	26	52	18	100	0	8
Mueller et al.	2010	55	23	18	95	2	24
Atreja et al.	2014	128	48	20	83	3	33

- technická úspěšnost 90 - 100%
- riziko komplikací do 4%
- krátkodobý efekt
- zlatý standard

Pokroky v endoterapii IBD

eST

3.2 Endoscopic electroincision can be done in patients with EBD-refractory strictures in centres with the necessary technical capabilities

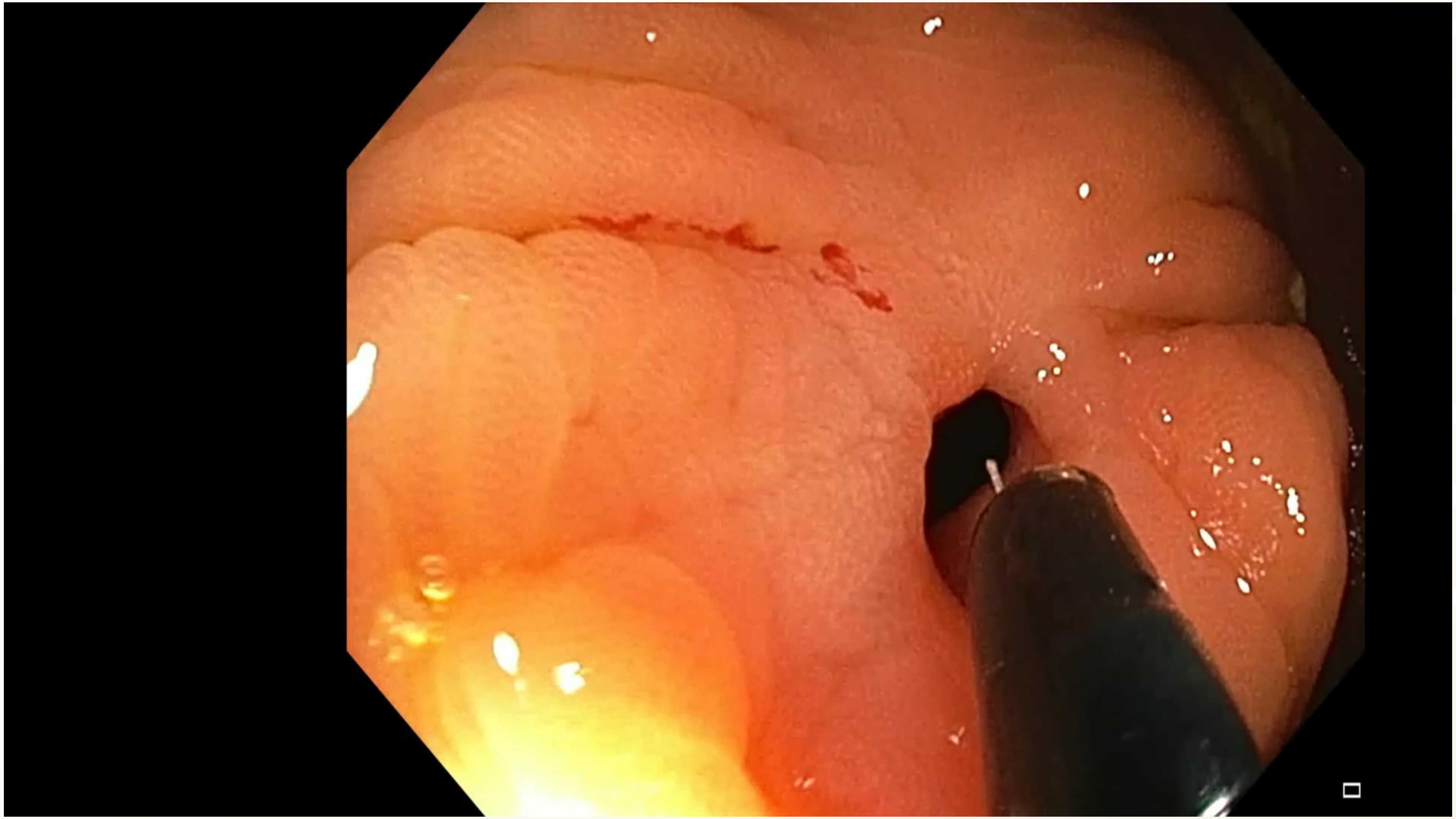
3.3 Electroincision can be particularly useful for anorectal strictures in patients with Crohn's disease

3.4 Electroincisions can be made using various knives with an endoscopic retrograde cholangiopancreatography power setting (ie, Endocut mode)

Shen, Bo et al. "Practical guidelines on endoscopic treatment for Crohn's disease strictures: a consensus statement from the Global Interventional Inflammatory Bowel Disease Group." *The lancet. Gastroenterology & hepatology* vol. 5,4 (2020): 393-405. doi:10.1016/S2468-1253(19)30366-8

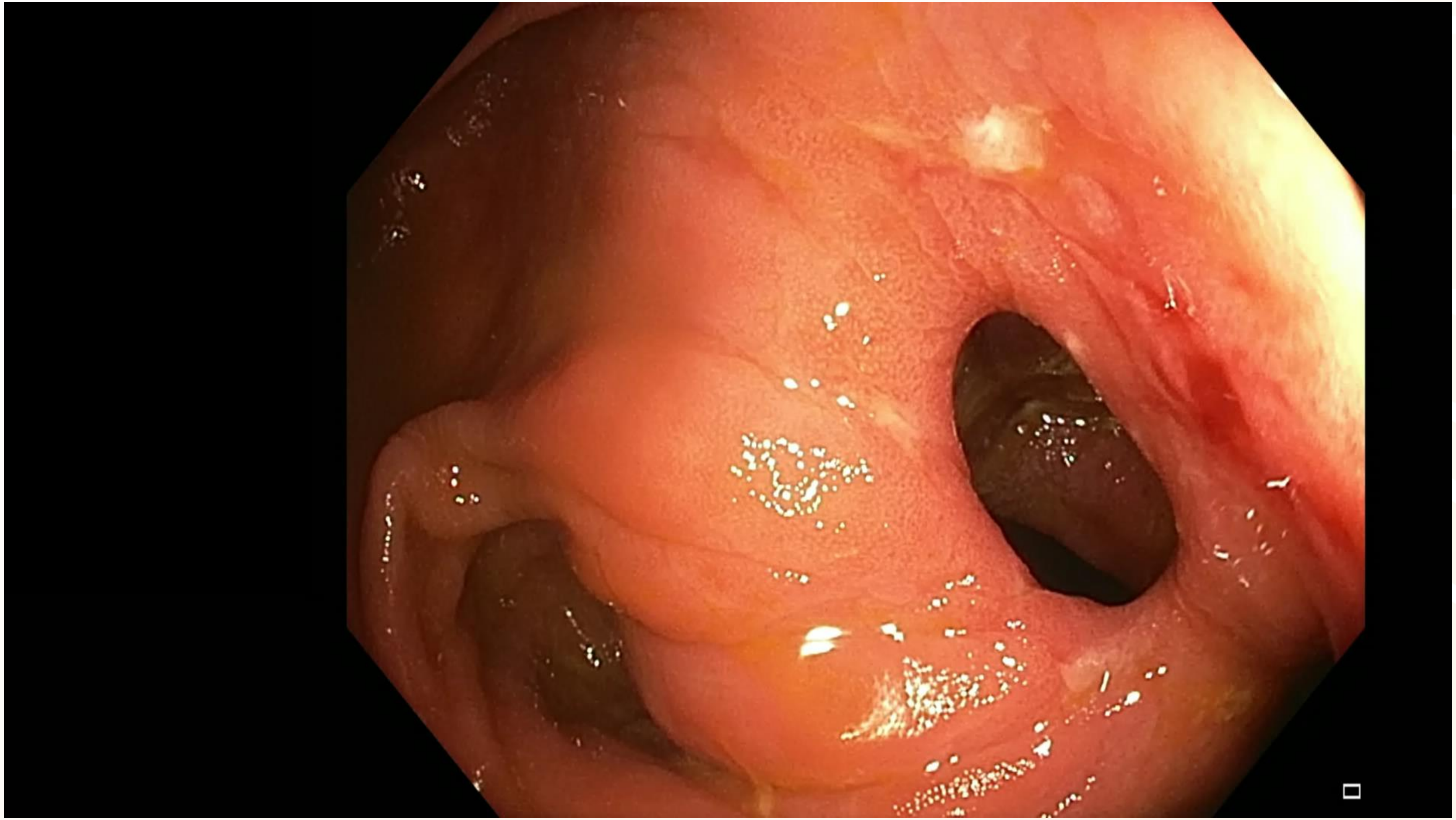
eST

Horizontální typ



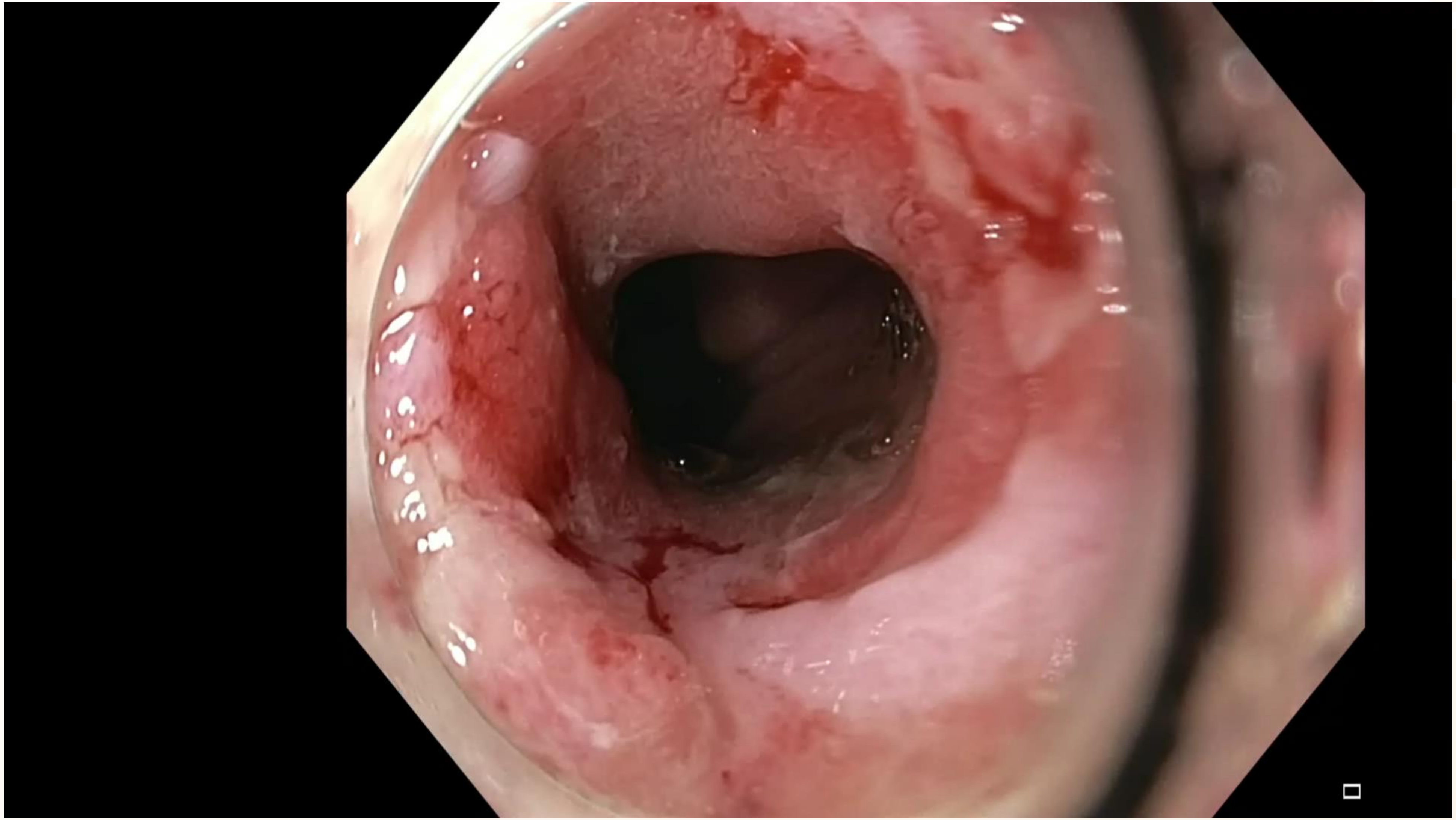
eST

Radiální typ



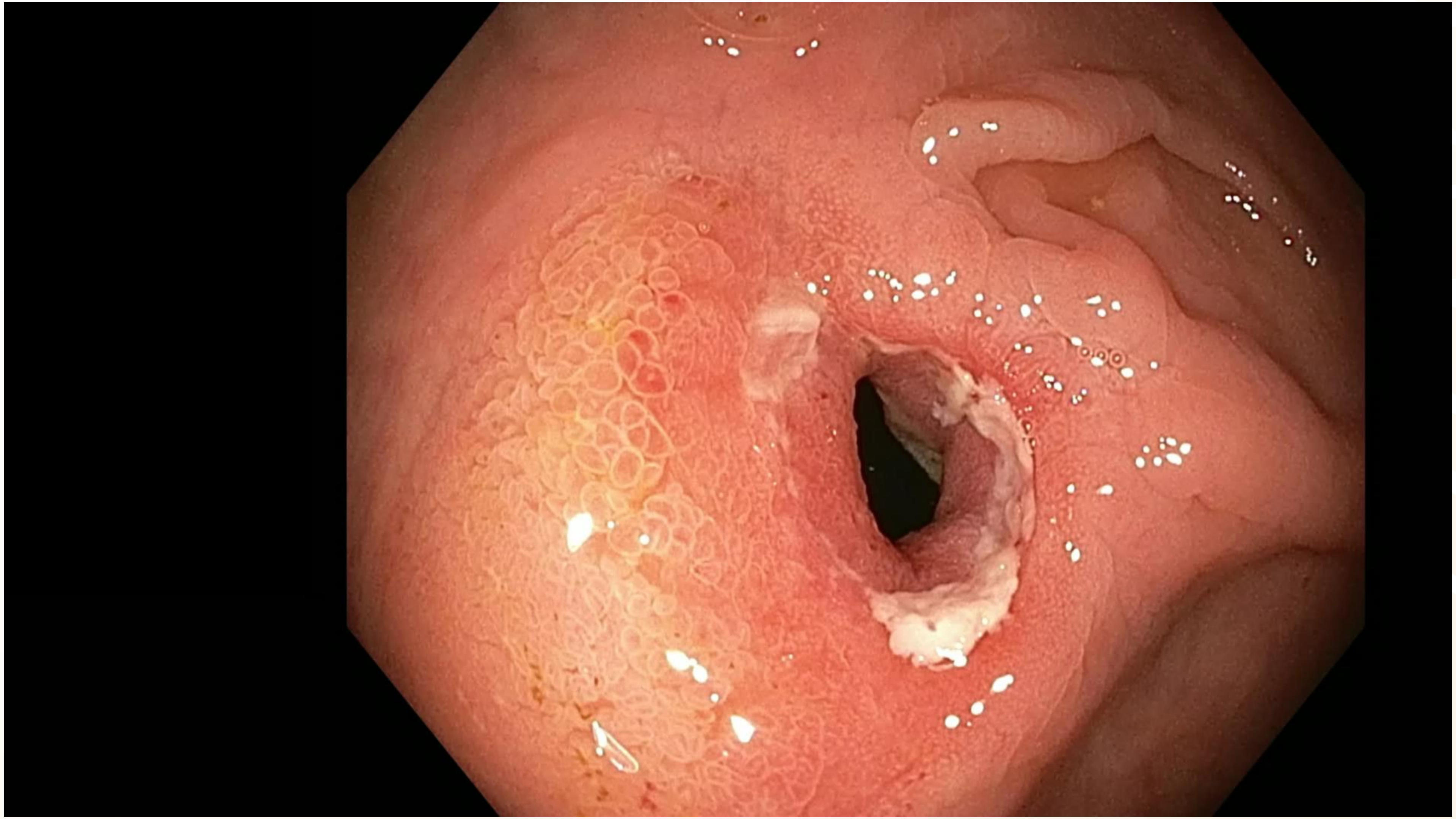
eST

Semi-cirkumferenciální typ



eST

Cirkumferenciální typ



Pokroky v endoterapii IBD

Endoscopic Stricturotomy Versus Balloon Dilation in the Treatment of Anastomotic Strictures in Crohn's Disease

Nan Lan, MD and Bo Shen, MD

Outcome		Stricturotomy N = 21	Balloon Dilation N = 164	*P* value
Follow-up time, year		0.8 (0.1–1.6)	4.0 (0.8–6.9)	<0.0001
Age at procedure, year		43.3 ± 14.5	42.8 ± 13.4	0.76
Duration from last surgery to procedure, year		6.4 (1.7–16.4)	7.8 (3.6–13.3)	0.56
Duration from CD diagnosis to procedure, year		19.6 (11.4–28.1)	16.6 (9.9–25.8)	0.85
Immediate technical success		21 (100.0%)	147 (89.5%)	0.25
Symptomatic improvement		8/11 (72.7%)	59/103 (45.4%)	0.08
Endoscopic improvement		8/17 (47.1%)	57/163 (35.0%)	0.32
Escalation of drug after procedure		3 (14.3%)	53 (32.3%)	0.09
Additional endoscopic therapy (EBD or ES)		13 (61.9%)	98 (59.8%)	0.85
Disease related emergency department visits		6 (28.6%)	40 (24.4%)	0.74
Stricture-related	Per patients	2 (9.5%)	34 (20.7%)	0.33
	Per visit	4/11 (36.4%)	78/104 (75.0%)	0.001
Disease related hospitalization		7 (33.3%)	40 (24.4%)	0.93
Stricture-related	Per patients	1 (4.8%)	33 (20.1%)	0.16
	Per visit	2/12 (16.7%)	57/102 (55.9%)	0.35
Complication				
Perforation	Per patients	0/21 (0.0%)	4/164 (2.4%)	1.0
	Per procedures	0/45 (0.0%)	5/478 (1.1%)	
Transfusion-required bleeding	Per patients	3/21 (14.3%)	0/164 (0.0%)	<0.0001
	Per procedures	4/45 (8.8%)	0/478 (0.0%)	
Subsequent surgery		2 (9.5%)	55 (33.5%)	0.03

- technická úspěšnost 90 – 100%
- riziko komplikací do 4%
- dlouhodobější efekt než EBD
- 2. volba po selhání EBD

Lan, Nan, and Bo Shen. "Endoscopic Stricturotomy Versus Balloon Dilation in the Treatment of Anastomotic Strictures in Crohn's Disease." *Inflammatory bowel diseases* vol. 24,4 (2018): 897-907. doi:10.1093/ibd/izx085

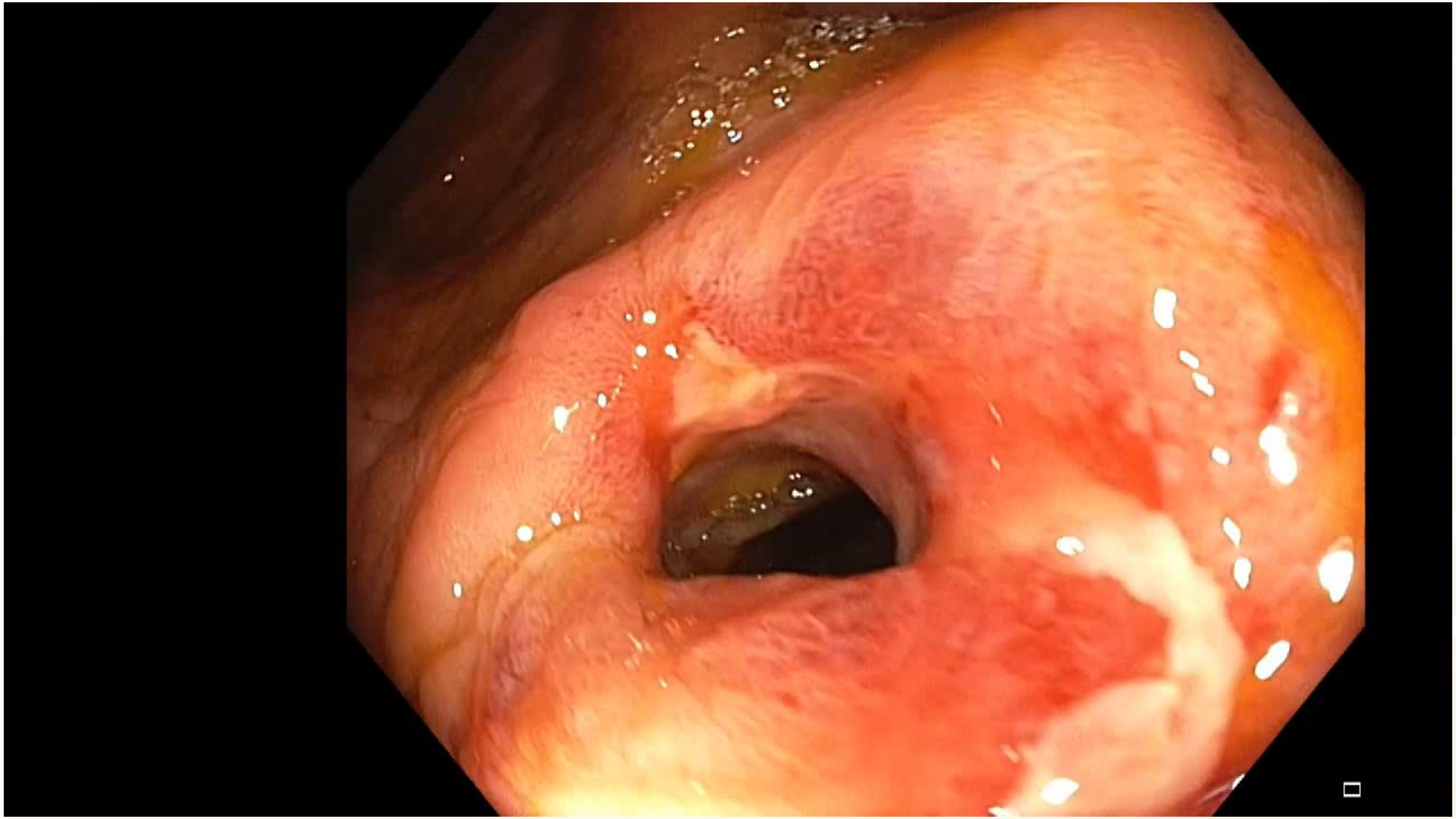
Pokroky v endoterapii IBD

SEMS

3.5 Fully covered removable metal stents can be used for refractory strictures in selected patients if EBD and endoscopic electroincision are unsuccessful

Shen, Bo et al. "Practical guidelines on endoscopic treatment for Crohn's disease strictures: a consensus statement from the Global Interventional Inflammatory Bowel Disease Group." *The lancet. Gastroenterology & hepatology* vol. 5,4 (2020): 393-405. doi:10.1016/S2468-1253(19)30366-8

SEMS



Pokroky v endoterapii IBD

Therapeutic resolution of focal, predominantly anastomotic Crohn's disease strictures using removable stents: outcomes from a single-center case series in the United Kingdom (CME)

- technická úspěšnost 90 – 100%
- riziko komplikací až 10%
- data o dlouhodobém efektu nejsou
- 3. volba po selhání EBD a eST

TABLE 3. Overall outcomes and intention to stent analysis

Treatment	Total (ItS)	Technical success, n/N (%) (ItS)	Symptomatic benefit, n/N (%) (ItS)	Symptomatic benefit, n/N (%) (PP)	Progression to surgery, n/N (%) (all patients)
SEMS	24*	23/24 (95.8)	13/24 (54.2)	13/16 (81.3)	0/21 (0.0)
EBD	2	2/2	2/2 (100.0)	2/2 (100.0)	1/2 (50.0)
Both	26	25/26 (96.1)	15/26 (57.7)	15/18 (83.3)	1/23 (4.3)

ItS, Intention to stent; *PP*, per protocol; *SEMS*, self-expanding metal stent; *EBD*, endoscopic balloon dilatation.
*23 stent episodes + 1 stent attempt that progressed to EBD.

TABLE 4. Success and adverse event rates using self-expanding metal stents in Crohn's disease

Study	Patients/stents	Success (%)	Stent in situ (days)	Adverse events (%)	Progression to surgery (%)
Loras et al, 2012[16]	17/25	64.7	28 (average; range, 1-112)	20	4
Attar et al, 2012[22]	11/11	60	28	73	18
Levine et al, 2012[23]	5/5	100 (technical), 80 (clinical)	Variable	0	0
Branche et al, 2012[24]	7/7	100	7	0	0
Attar et al, 2017[19]	38/38	79 (technical)	7	5	13

Das, Ronit et al. "Therapeutic resolution of focal, predominantly anastomotic Crohn's disease strictures using removable stents: outcomes from a single-center case series in the United Kingdom." *Gastrointestinal endoscopy* vol. 92,2 (2020): 344-352. doi:10.1016/j.gie.2020.01.053

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