Balloon dilatation of ileo-colonic anastomosis in Crohn's disease

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Endoscopic dilatation of Crohn's disease-related strictures is an alternative to surgical resection in selected patients. In addition, post-surgical stenosis is not infrequent in patients undergoing ileo-colonic anastomosis.

Dilatation of ileo-colonic anastomosis is performed with a through the scope balloon (TTS diameter 18mm) and requires general anesthesia, endoscopic experience and careful patient evaluation [1]. Complications include sealed perforations, retroperitoneal perforations and intraperitoneal perforations [2].

Dilatation time must not exceed 2 minutes in total. For mild stenosis the 1-step procedure is advised with 7Atm for 2 min. For severe stenosis the 3-step procedure is advised starting with 3.5 Atm (1min), then 5Atm (0.5 min) and finally 7Atm (0.5 min).

The largest ever reported experience with 237 dilatations in 138 patients confirms that long-term efficacy of endoscopic dilatation of Crohn's disease outweighs the complication risk. Neither active disease at the time of dilatation nor medical therapy afterwards predicts recurrent dilatation or surgery [3].

The patient presented herein was diagnosed with Crohn's disease and developed post-surgery severe stenosis at the ileo-colonic anastomosis. Despite many attempts the scope could not pass through this stenosis. Magnetic resonance imaging confirmed a 3cm long stenosis. On an outpatient basis and under general anesthesia a 3-step procedure was successfully applied and the insertion of the colonoscope at the neo-terminal ileum was then possible (Fig. 1).

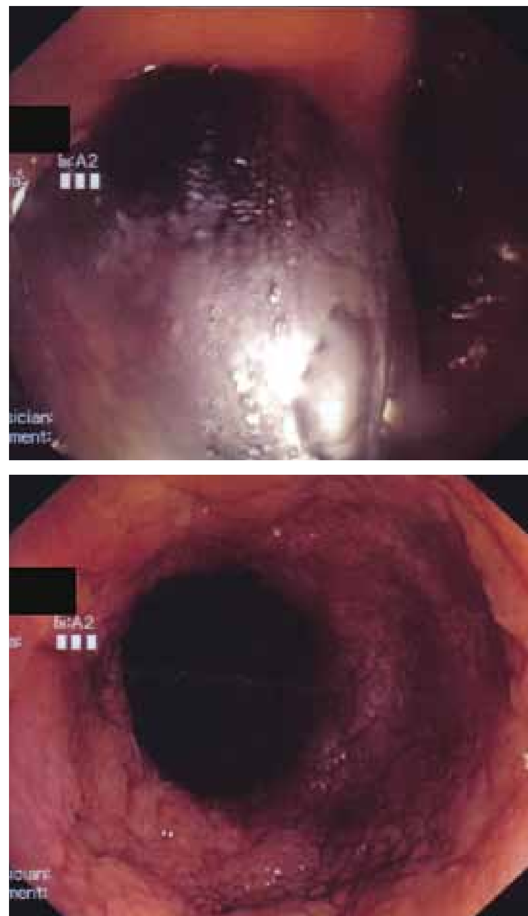

Figure 1 Balloon dilatation of ileo-colonic anastomosis in a patient with Crohn's disease

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