Endoscopic vacuum therapy (EndoVAC) is a well-established treatment for anastomotic leakage after rectal surgery and there are a variety of other possible applications [1, 2]. In the literature, there is only one case of EndoVAC being used after colon surgery, which was for treatment of an abscess [3]. We describe the first case of EndoVAC usage for a typical anastomotic leak after colon surgery that was located 30 cm from the anus and with direct connection to the abdominal cavity.

A 79-year-old morbidly obese man with a carcinoma of the descending colon underwent surgery with resection of the descending colon, without a stoma being created. He also suffered from many other diseases, including diabetes mellitus and coronary heart disease. He devel-
oped anastomotic leakage and peritonitis 5 days after the initial surgery, which led to him undergoing relaparotomy with revision of the anastomosis. Despite this further surgery, 6 days later we again diagnosed an insufficiency and started EndoVAC therapy with a catheter covered by an open-pore drainage film instead of a sponge, which was placed into the abdominal cavity, with a continuous negative pressure of 125 mmHg (▶Fig. 1a–c; ▶Video 1).

Without a stoma, using a sponge with endoluminal EndoVAC in the colon usually leads to its dislocation owing to colonic motility, gas, and feces. With our intracavitary application, the suction kept the vacuum drainage system in place and only the 14-Fr catheter lay within the colon. We thereby avoided dislocation of the vacuum drainage system. By covering the suction catheter with an open-pore drainage film, we aimed to avoid the complications of intestinal fistula and bleeding [4, 5]. The anastomotic leakage was successfully treated by 9 days of EndoVAC therapy, with the vacuum system being changed once on the third day (▶Fig. 1d, e). There were no complications.

Our case shows that intracavitary EndoVAC with open-pore film drainage in the abdominal cavity is a treatment option for colonic anastomotic leakage.

Competing interests

None

The authors

Ingo Wallstabe1, Phuong Nguyen2, Ingolf Schießke1, Arved Weimann2

1 Department for Gastroenterology, Hepatology, Diabetology and Endocrinology, Klinikum St. Georg gGmbH, Leipzig, Germany
2 Department for General, Visceral and Oncological Surgery, Klinikum St. Georg gGmbH, Leipzig, Germany

Corresponding author

Ingo Wallstabe, MD
Department for Gastroenterology and Hepatology, Klinikum St. Georg gGmbH, Delitzscher Str. 141, Leipzig D-04129, Germany
Fax: +49-341-9092673
ingo.wallstabe@endoskopieren.de

References


Bibliography

DOI https://doi.org/10.1055/a-0805-0934
Published online: 14.12.2018
Endoscopy 2019; 51: E51–E52
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos