

Isolated Perianal Disease as Index Symptom in Crohn's Disease

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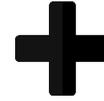
Colorectal Surgery - UT Southwestern

Case Discussion

Young age
Male or
Female



No personal
history of IBD ±
family history

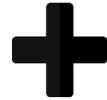


“Unusual” Perianal
complaint

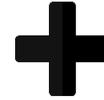


Suspicious
history

28M



No personal
history of IBD
Brother with
Crohn’s disease



Complex fistula
- Multiple draining
sinuses → EUA



Diarrhea
“IBS”
10y



Complex fistulae

Fistula characteristics

Complexity of the fistula

27. >1 internal openings

28. >1 external openings

29. A complex (rather than simple) fistula

30. Fistula involves other organs (vagina/bladder)

31. >1 fistula tract

32. Anterior fistula opening

Biological behavior

33. Fistula refractory to at least one surgical repair attempt

34. Recurrent fistulation (after initial healing)

35. Chronic fistula (ie non-healing)

36. Fistulae with a significant impact on patients OoL

Associated anorectal lesions/disease

37. Proctitis

38. Perianal fissures

39. Anal stenosis

40. Presence of edematous skin tags

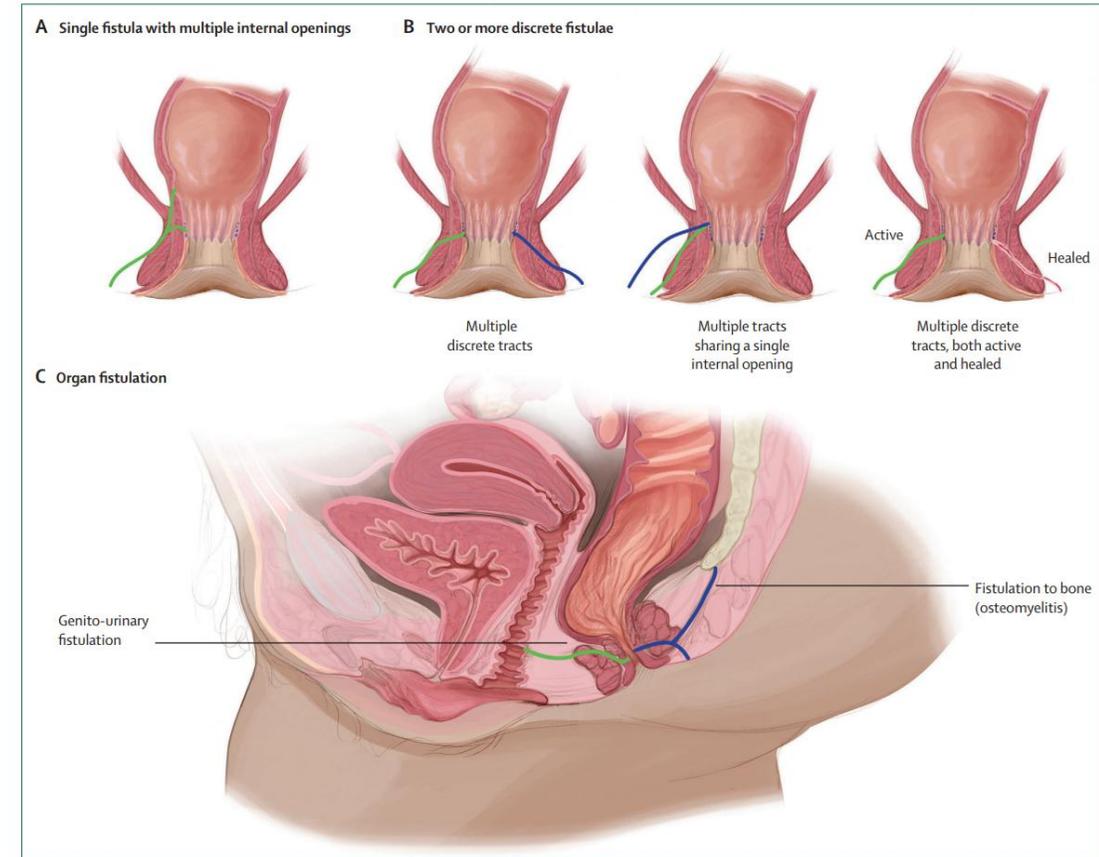
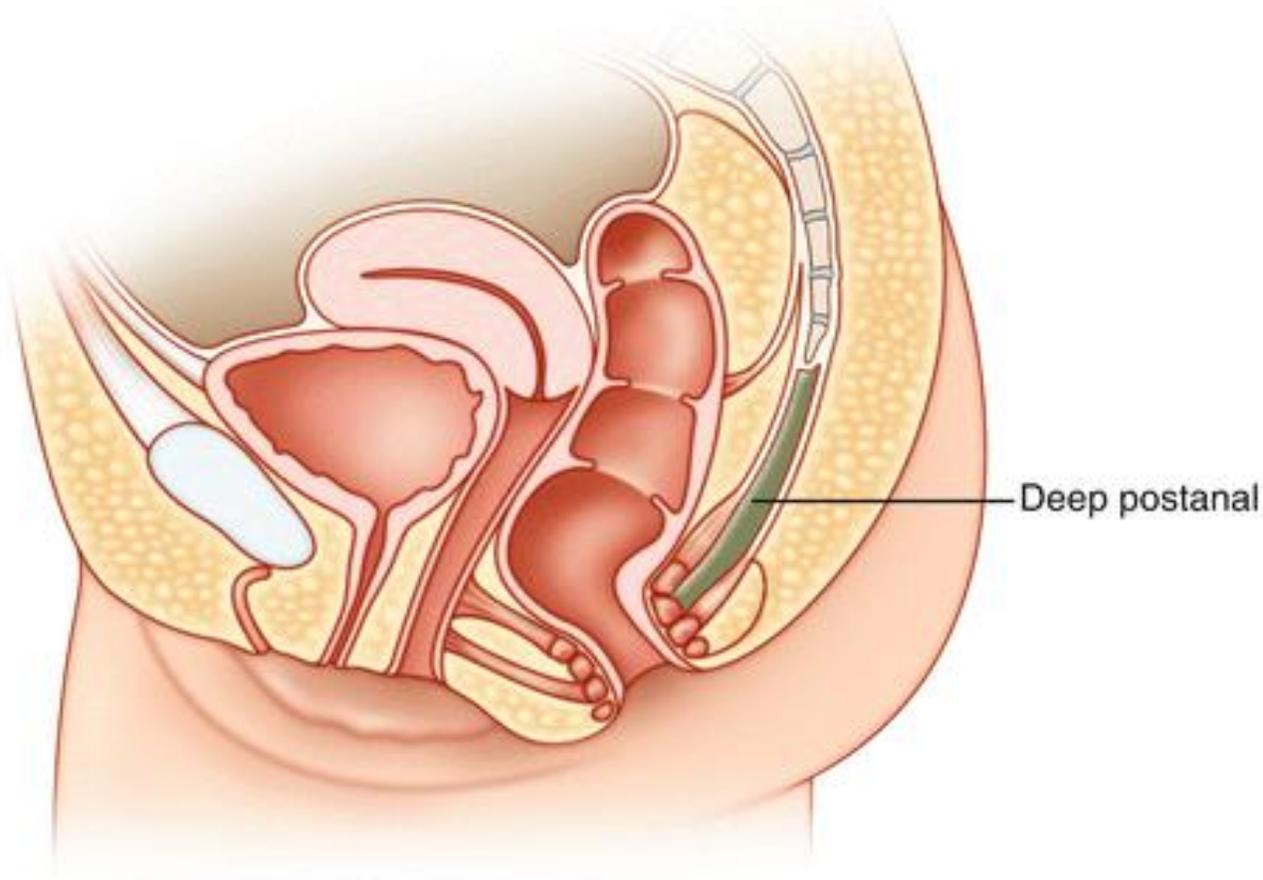


Figure 3: Criteria for advanced fistula complexity

Other causes of fistula complexity, such as iatrogenic injury, obstetric injury, and anastomotic leak, should be excluded.

Complex fistulae - not Crohn's

a



Undrained cryptoglandular abscess

Anastomotic leak

Childbirth

Tuberculosis

Malignancy

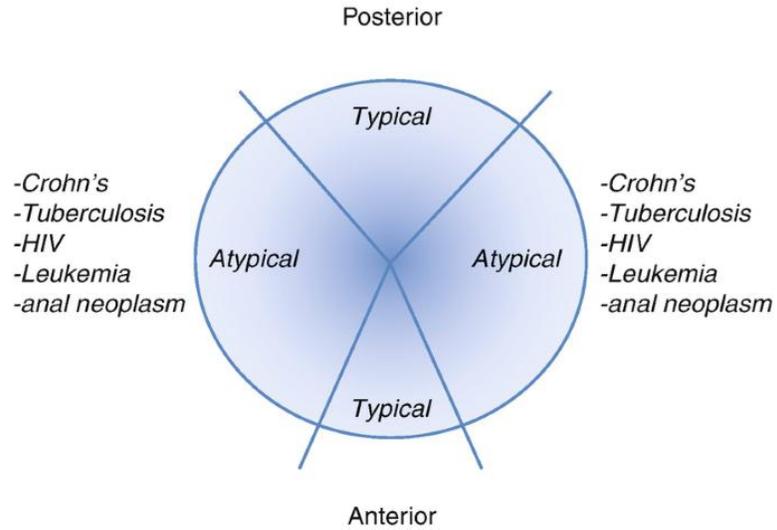
Hidradenitis Suppurativa

HIV, other STD

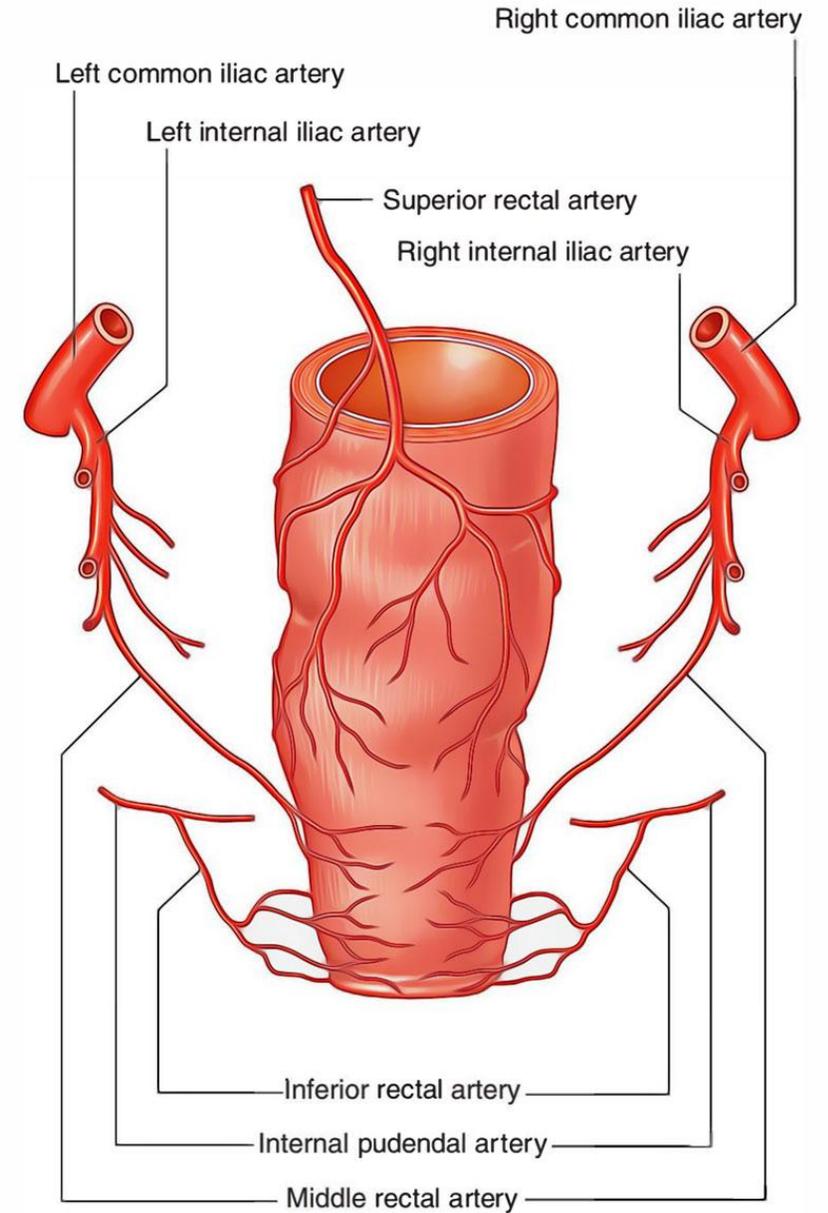
Actinomycosis

Radiation

Atypical fissures



Lateral
Painless
Broad
Multiple
Undermined



Fundamentals of Anorectal Surgery



Anal Fissure. TeachMe Surgery

Anal Canal. Earths Lab

Elephant Ear – Skin Tags

Differential: Hemorrhoids, sentile pile with fissure, true skin tag, SCC, condyloma



Should this patient get a colonoscopy?

Diagnosing Crohn's disease in presumed cryptoglandular perianal fistulas: an expert Delphi consensus on early identification of patients at risk of Crohn's disease in perianal fistulas (PREFAB)

Liesbeth J. Munster^{1,2,#,*}, Luke N. Hanna^{3,#}, Ailsa L. Hart³, Phil J. Tozer⁴,, Christianne J. Buskens^{2,*},, Jarmila D.W. van der Bilt^{1,2}; On behalf of the TOPCLASS perianal Crohn's disease Consortium, the Dutch Initiative on Crohn and Colitis (ICC) and the Initiative on Crohn and Colitis - Surgery (ICC-S)

Operative findings

Two internal openings, at dentate line
Four external openings (branching fistulae)
Fistula tracts biopsied
Setons placed
Distal rectum – macroscopically normal

Surgical Principles: Control sepsis, protect sphincter, avoid large wounds

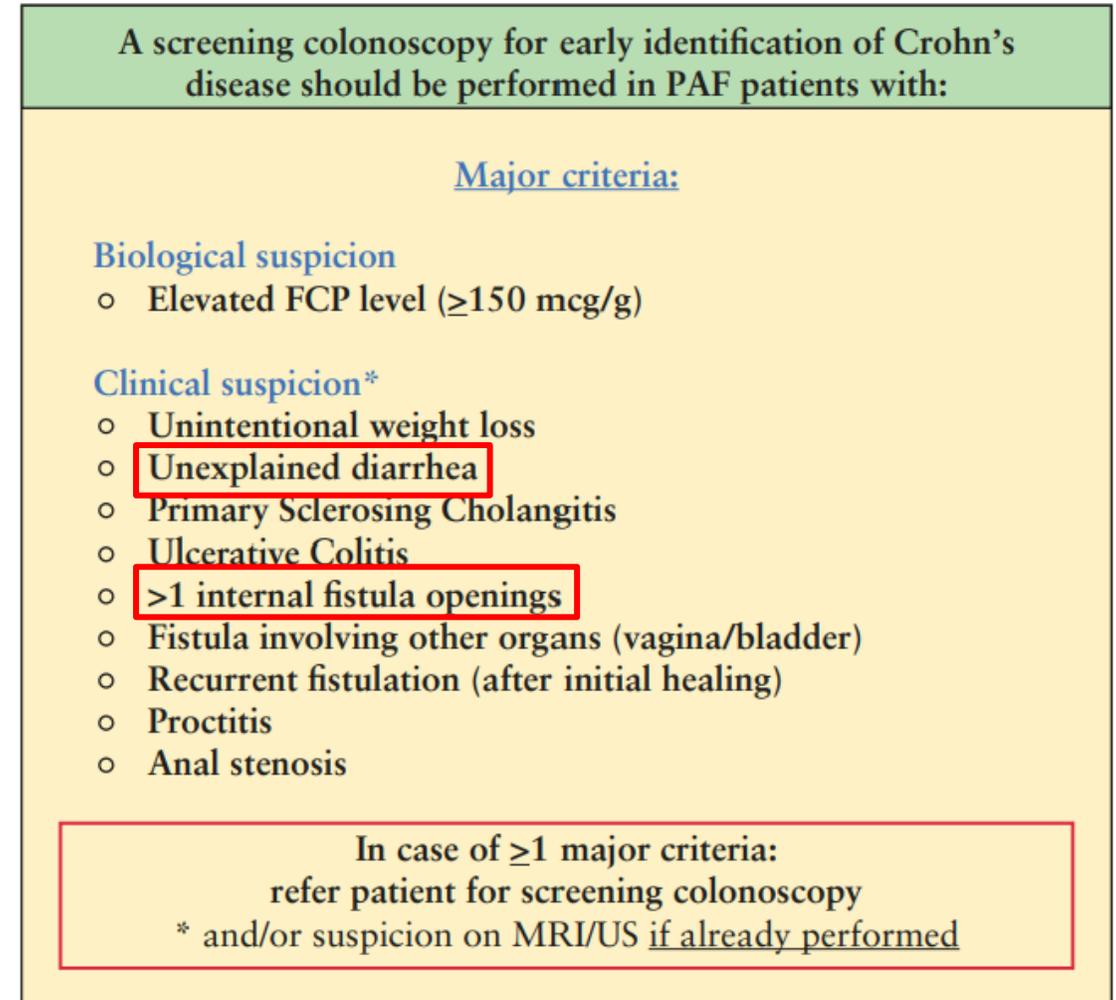
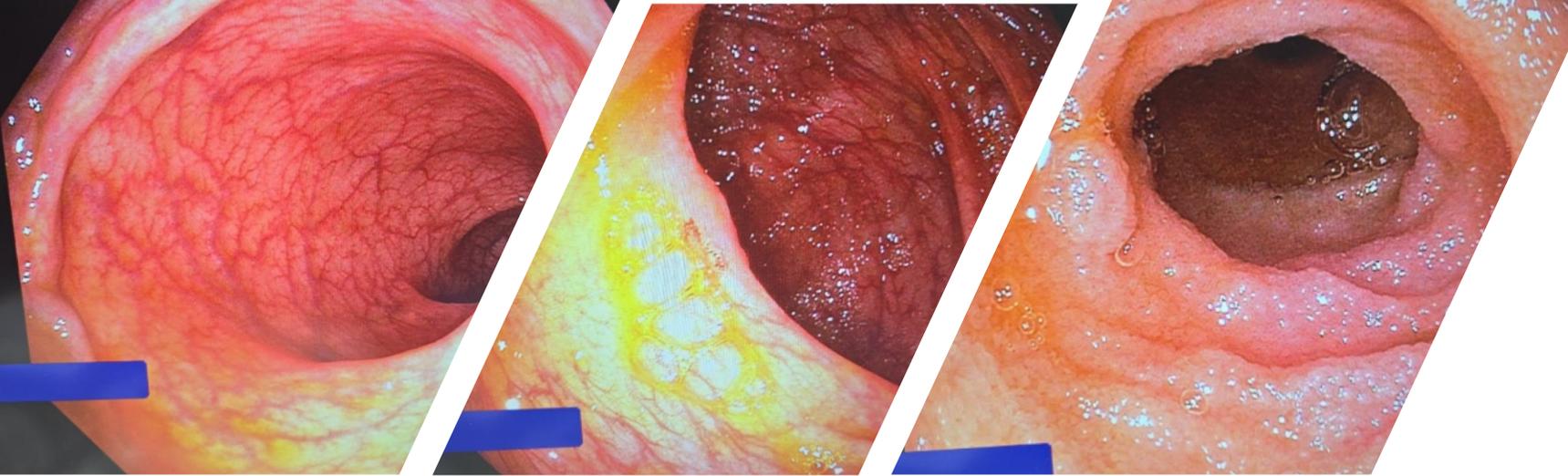


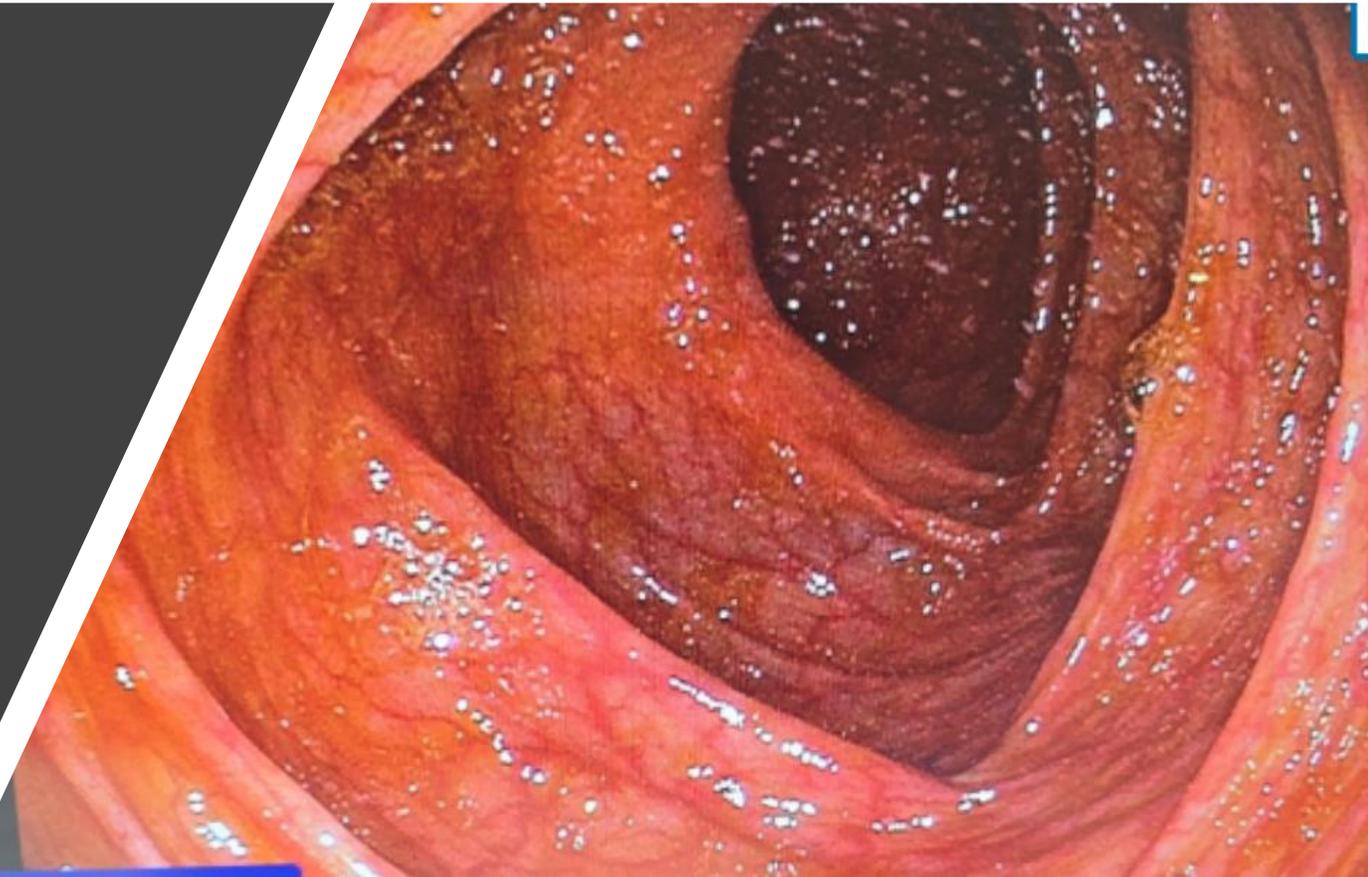
Figure 1. Algorithm on whom to perform a colonoscopy.



Fecal calprotectin –105 mcg/g
MRE or CTE. No evidence of active
inflammatory bowel disease
VCE – 16-26% yield?

Final Diagnosis

- A. Small intestine, terminal ileum, biopsy:
 - Small intestinal mucosa with no pathologic alteration.
- B. Colon, ascending, biopsy:
 - Colonic mucosa with no pathologic alteration.
- C. Colon, transverse, biopsy:
 - Colonic mucosa with no pathologic alteration.
- D. Colon, descending, biopsy:
 - Colonic mucosa with no pathologic alteration.
- E. Rectum, biopsy:
 - Rectal mucosa with no pathologic alteration.
- F. Anus, anal canal, biopsy:
 - Unremarkable appearing anal squamous mucosa with mild submucosal fibrosis.
- G. Anus, left lateral, biopsy:
 - Squamous mucosa with underlying mild chronic inflammation.



Is this isolated perianal Crohn's disease?

Isolated perianal Crohn's disease: a systematic review and expert consensus proposing novel diagnostic criteria and management advice

Luke Nathan Hanna*, Liesbeth Jozefien Munster*, Shivani Joshi, Jarmila Dagmara Wendelien van der Bilt, Christianne Johanna Buskens, Ailsa Hart†, Phil Tozer‡, on behalf of the TOpClass Collaborators‡

- **How to monitor for luminal disease development?**
 - Guided by symptoms?
 - Serial fecal calprotectin?
 - Surveillance scope – when?
- **Would you consider advanced therapy?**
 - TNF, IL23, JAK inhibitor
 - Combination therapy

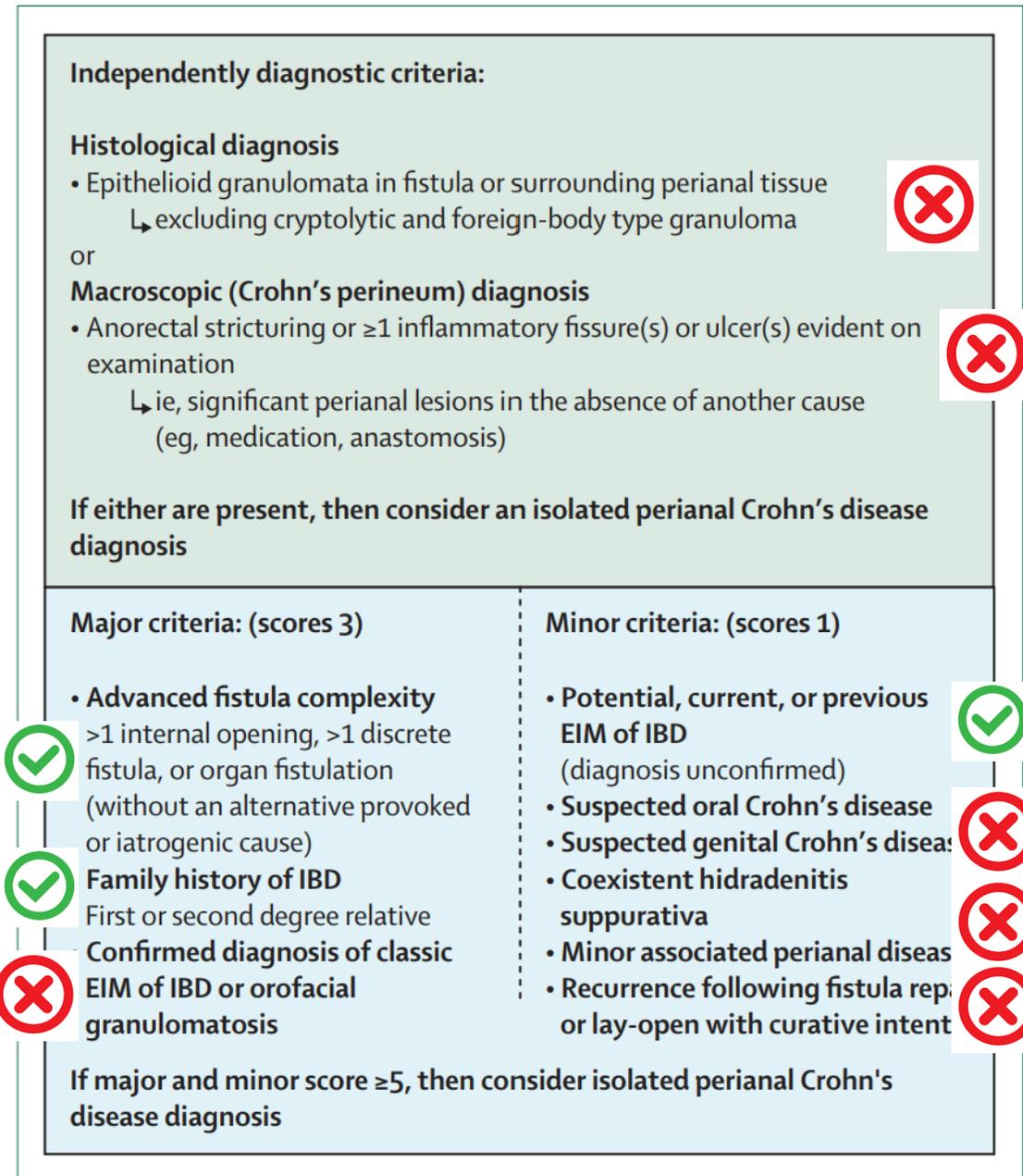


Figure 4: The final criteria for isolated perianal Crohn's disease diagnosis in patients with perianal fistulae

MOC

Which of the following characteristics would make a presentation of perianal disease suspicious for Crohn's disease?

- a) 30F with a large, non-healing rectovaginal fistula six months after vaginal delivery
- b) 50M with constipation and hypertonic sphincter presenting with a posterior midline anal fissure and hematochezia
- c) 22M presenting with abdominal pain and constipation, DRE shows anal stenosis
- d) 75F with anal pain, anoscopy with a large excavated lateral anal ulcer