

**MEDICAMENTAL THERAPY IN THE TREATMENT OF POSTOPERATIVE WOUNDS PERINEUM AND ANAL CANAL**

Titov A.Yu., Nekhrikova S.V., Veselov A.V.

State Scientific Center of Coloproctology, Moscow, Russia

AIM. Postoperative wounds of the anal canal and perineum, even small in volume, heal long enough. Along with the local treatment of such wounds in some cases, it is effective to prescribe medications for oral administration, in particular venotonic drugs. In the State Scientific Center of Coloproctology from November 2016 to March 2017, a study was conducted to evaluate the efficacy of Venarus for the treatment of postoperative wounds perineum and anal canal

METHODS. The study included 113 patients diagnosed with hemorrhoids. In some patients, along with hemorrhoids, there were concomitant diseases – a chronic anal fissure or fistulas of the rectum. The main group consisted of 59 people who were treated with Venarus, and 54 people in the control group. The evaluation methods included clinical examination, profilometry, cytological examination of print smears, quality of life of patients on the QoL SF-36 scale before surgery, on discharge and on the 28th day after surgery. In each group, patients were included, homogeneous in terms of key indicators.

RESULTS. Patients in the main group needed significantly fewer non-narcotic analgesics after surgery. The pain level in the first 4 days of the patients of the main group against the background of the ongoing therapy with the Venarus drug was significantly lower in comparison with patients receiving only traditional local treatment. The level of reliability was directly dependent on the stage of hemorrhoids – the more the stage of hemorrhoids was, the higher the level of reliability. In patients in the control group, hyperthermia was significantly longer than in the main group –  $1.61 \pm 0.11$  and  $1.22 \pm 0.10$ , respectively ( $p < 0.008$ ). In clinical evaluation of postoperative period, minimal edema in the postoperative wound area or infiltrate after sclerotherapy of internal hemorrhoids was preserved in 81.5 % of patients even on day 28, whereas by this time in all 100 % of patients of the main group of edema in wound area was not observed. At the cytologic examination, no significant inflammatory infiltration was registered in the patients of the main group already 15 days after the operation, whereas in 50 % of patients in the group only cytological signs of active inflammation ( $p < 0.0001$ ) remained in the group with only local treatment. On day 28, in 100 % of patients in the main group, no signs of inflammation were present, and in 74.1 % of the control group there were still signs of minimal inflammation ( $p < 0.00001$ ). Application of Venarus ultimately affected the quality of life patients – physical and mental, because a significant reduction in pain, as well as inflammatory wound reaction led to a faster recovery. Especially the differences in the quality of life were manifested on day 28 after the operation ( $p < 0.001$ ).

**[Key words: medical treatment of postoperative wounds perineum and anal canal, venotonizing drug, methods for assessing the course of the wound process]**

**SHORT-TERM RESULTS OF SURGICAL TREATMENT FOR SYNCHRONOUS LIVER METASTASES OF RECTAL CANCER**

Ponomarenko A.A., Shelygin Yu.A., Rybakov E.G., Achkasov S.I.

State Scientific Centre of coloproctology named after A.N.Ryzhikh, Moscow, Russia Russian Medical Academy of Continuous Professional Education, Moscow, Russia

BACKGROUND. Staged surgery in cases of rectal cancer liver metastases is preferred method in routine clinical practice. Another choice is simultaneous operations. Our prospective study compares short-term outcomes of patients with synchronous rectal liver metastases treated by simultaneous or staged surgery.

METHODS. 108 suitable patients were treated in State Scientific Centre of coloproctology named after A.N.Ryzhikh, Moscow, Russia between January 2013 and February 2017. Simultaneous rectal and hepatic resections were performed in 78 patients; 30 patients underwent delayed hepatectomy. Short-term outcomes were analyzed.

RESULTS. Major liver resections were rarely performed in group of simultaneous operations: 22 % vs 56 % ( $p = 0.0001$ ). Anterior resection performed more often in simultaneous group 48/78 (62 %) vs 12 (40 %) ( $p = 0.053$ ), respectively. There was no difference in mortality and complications rates between major liver resections in both groups: 0 vs 3 % and 57 % vs 28 %, respectively. Age  $\leq 61$  y.o. (OR=13; 95 % CI=1,3-120), size of the largest metastasis in the liver  $> 2.1$  cm (OR=6,6; 95 % CI=1,8-23), staged surgery (OR=6,9; 95 % CI=1,5-31) were identified as independent risk factors of complications.

CONCLUSION. Simultaneous operations, requiring economical resections are indicated in cases of synchronous metastases of rectal cancer in the liver. Simultaneous major R0 resections of the liver (till 70 % of livers parenchyma) done in specialized centers do not lead to increased complications, mortality rates and inpatient days.

**[Key words: synchronous colorectal cancer liver metastases, liver resections, rectal cancer, simultaneous resections]**

**ACTUAL QUESTIONS OF PREPARATION TO VIDEOCAPSULE ENDOSCOPY**

Galyaev A.V., Likutov A.A., Arkhipova O.V., Mtvralashvili D.A., Veselov V.V.

State Scientific Center of Coloproctology, Moscow, Russia

AIM to show on the results of our study the influence of the quality of preparation for videocapsule endoscopy (VCE) on the accuracy of diagnosis of diseases of the small and large intestine.

MATERIALS AND METHOD. During the period from September 2014 to December 2016, a videocapsule study was performed on 100 patients of treatment at the State Scientific Center of Coloproctology. Final data processing was carried out based on the results of a survey of 96 patients (52 men and 44 women aged 18 to 78 years). To adequately prepare patients for the study, we used a specific scheme with the use of a «split-dose» of intestinal cleansers based on polyethylene glycol and stimulation solutions. The quality of preparation of the small and / or large intestine for the study was assessed according to the scale of Leighton J.A., Rex D.K.

RESULTS. The completeness of the study and the full examination (the ability to visualize all the sections of the small and / or large intestine) are important criteria for conducting the VCE. In our study, a complete study of the small and large intestine was performed in 87 (91 %) patients, and a full study was performed in 86 (90 %) of 96 patients. In the study of the small and large intestine using small intestine or large intestinal videocapsules, in 87 (91 %) patients the intestinal preparation was rated «good» or «excellent».

CONCLUSION. The experience of our study showed that in order to obtain reliable and informative results, careful follow-up of the methodology of preparation for the study should be done.

**[Key words: videocapsule endoscopy, preparation, small intestinal capsule, colonic capsule]**

**CONSERVATIVE TREATMENT OF HEMORRHOIDS. AN ALTERNATIVE TO SURGICAL METHODS OR COMPONENTS? CHORUS PROGRAM RESULTS**

Zagryadskiy E.A.1, Bogomazov A.M.2, Golovko E.B.3

1 Medical Center «ON-CLINIC», Moscow, Russia

2 Medical Center «South», Moscow, Russia

3 Clinic «MEDSI MSK 12», Moscow, Russia

**OBJECTIVE.** Determine the frequency of clinical manifestations of hemorrhoids and constipation in people seeking advice about hemorrhoids. In the course of the treatment of patients with hemorrhoids phlebotropic evaluate the effectiveness of therapy micronized purified flavonoid fraction (MPFF).

**MATERIALS AND METHODS.** This multicenter study, including screening and observation part, which is part of the International Research «CHORUS» (Chronic venous and hemorrhoid diseases evaluation and scientific research), conducted in nine centers in different regions of Russia, 80 doctors of Coloproctology. In the screening group included 2668 patients who had investigated the incidence of constipation, as a risk factor for hemorrhoids. Conservative treatment, the foundation of which was, Moffitt therapy, received 1952 patients with stage I-IV hemorrhoids. Evaluating the effectiveness of the treatment was evaluated on the basis of a questionnaire.

**RESULTS.** The questionnaire shows that constipation suffered – 766 (28,8 %) patients. Violation of defecation patterns and changes in stool consistency was observed in 1155 (43,9 %) and 633 (25.5 %), respectively. At the same time, 288 (11,1 %) indicated a tendency to loose stools and diarrhea. Conservative treatment, the foundation of which is phlebotropic MPFF therapy conducted in patients of observational group has shown its efficiency in all grades of hemorrhoids. During the entire observation period of conservative treatment was effective in 1489 (76,3 %) patients. Surgical treatment was performed in 463 (23 %) patients grade I-IV hemorrhoids, the main part of patients with grade III – 199 (43,1 %) and grade IV hemorrhoids – 68 (64,2 %).

**CONCLUSION.** Conservative treatment of hemorrhoid disease, which is the basis on phlebotropic MPFF therapy, is effective at all stages of hemorrhoids, but in patients with grade III and grade IV disease requires surgical treatment.

**[Key words: hemorrhoidal disease, anal pain, bleeding, constipation, MPFF]**

#### **THE POSSIBILITIES OF CONTRAST-ENHANCED ULTRASOUND (CEUS) IN THE DIAGNOSIS OF COLORECTAL LIVER METASTASES (CRLM)**

Kovaleva E.V., Sinyukova G.T., Danzanova T.YU., Lepedatu P.I., Gudilina E.A. Federal

State Budget Institution «N.N.Blokhin Russian Cancer Research Center», Moscow, Russia

**AIM.** To evaluate the capability of CEUS in the detection of CRLM in comparison with conventional grayscale B-mode.

**MATERIALS AND METHODS.** 18 patients with CRLM underwent CEUS using the contrast agent SonoVue (Bracco, Italy). The patients were divided into two groups: the first group – 10 (55 %) patients before to chemotherapy; the second group – 8 (45 %) patients after chemotherapy and stable disease. The enhancement patterns of liver metastases were evaluated during the vascular phases: arterial, venous, and delayed.

**RESULTS.** The enhancement patterns of liver metastases on CEUS were categorized as diffuse homogeneous enhancement (30 % – in the first group; such enhancement wasn't observed in the second group), rim-like hyper enhancement (70 % of the patients from the first group, 75 % of patients from the second group) and is enhancement, such as intact liver parenchyma (25 % of the patients from the second group). There were detected additional metastases in 4 (22,2 %) of patients 18 (100 %) in the delayed phase. There were significant differences in time of the beginning the vascular phases between patients from the first and second groups. The latest beginning of the wash-in stage was observed in liver metastases in patients from the second group (25,8 sec. from the injection of the contrast). The earliest beginning of the washout stage was observed in liver metastases in patients from the first group (42,4 sec. from the injection of contrast). **CONCLUSION.** CEUS improves visualization of CRLM, in comparison with the grayscale B-mode. It is also possible to apply this technique in the assessment of chemotherapy in patients with CRLM, as there was a difference between the moments of the beginning wash-in and wash-out stages.

**[Key words: colorectal cancer; liver metastases; contrast-enhanced ultrasound; response prediction to chemotherapy]**

#### **EARLY RECTAL CANCER: LOCAL EXCISION OR TOTAL MESORECTAL EXCISION?**

Semenov A.V., Savicheva E.S., Popov D.E., Vasiliev S.V. The 1st Pavlov State Medical University of St.-Petersburg, Russia

City Center of Coloproctology, Saint-Petersburg, Russia

**AIM** of this study was to improve treatment outcomes for early rectal cancer; to assess the accuracy of endorectal ultrasound (ERUS) in preoperative staging of early rectal cancer.

**MATERIAL AND METHODS.** A total of 42 patients of the main prospective group with early rectal cancer underwent transanal local excision (LE). In control retrospective group 39 patients underwent radical resection with total mesorectal excision (TME). Operation time, perioperative, hospital stay duration, long-term oncological results (overall and local recurrence-free survival, cancer-free survival, distant metastasis rate) were analyzed. Comparison of ERUS preoperative staging for prospective group and pathological staging was performed to identify the accuracy of ERUS.

**RESULTS.** Median follow-up for prospective group was 41 (from 10 to 60) months. In comparison with TME, LE was associated with fewer morbid (4,8 % vs 17,9 %,  $p=0,04$ ). There was no hospital mortality in both groups. The accuracy of ERUS was 88,1 % for Tis and 78,6 % for T1. There was no significant statistical difference in 1-year and 3-year in oncological outcomes between groups ( $p=1,0$ ). There was one local recurrence (2,6 %) in 6 months after LE in a patient with pT1sm3 who had previously refused surgery. This patient underwent TME. There was no detected distant metastasis in both groups. The 3-year overall survival was 100 % for LE and 97,4 % for TME. The 3-year cancer-specific survival was 100 % in both groups.

**CONCLUSIONS.** LE has advantages over TME in short-term results; long-term oncological results after LE are comparable with TME. ERUS has a good diagnostic effectiveness in preoperative staging of early rectal cancer.

**[Key words: early rectal cancer, total mesorectal excision, local excision, transanal endoscopic microsurgery, ERUS]**

#### **RISK OF DEVELOPING ACTIVE TB IN IBD PATIENTS TREATED WITH ATNI/TNF**

Frolova K.S., Borisov S.E.

Moscow Research and Clinical Center for TB Control, Moscow Government Health Department, Moscow, Russia

**AIM.** To develop an investigation complex for IBD-patients with the anti-TNF therapy to decrease the risk of active TB. **METHODS.** In Moscow Research and Clinical Center for TB Control 454 patients with IBD were screened prior to initiation of anti-TNF treatment and 167 (36,8 %) of them – during the anti-TNF therapy. Tuberculin skin test (TST) and chest radiography were used for screening and evaluation of pulmonary adverse effects (every 6 months and additionally in cases of any respiratory signs).

**RESULTS.** Of 454 patients investigated during screening X-ray, chest radiography findings were detected in 29 (6,4 %), which required additional investigation, among them in 14 patients, findings considered as residual TB lesions. In the other 15 patients, the radiographic findings caused by previous non-specific pulmonary infections. Positive TST implicates preventive antituberculosis therapy, which was provided 37 patients (before and under anti-TNF therapy). During provided to 167 patients the anti-TNF therapy, were developed pulmonary adverse effects: 10 incidences of active TB lung infection, 3 case of sarcoidosis, 1 case of fibrosing alveolitis, and two case of non-**CONCLUSION.** The patients with IBD, treated by anti-TNF therapy, have a risk of development of a wide variety of infectious and non-infectious pulmonary complications, including TB. It is therefore highly important to carefully monitor the patients prior and during the anti-TNF therapy (every 6 months) for a timely detection of pulmonary conditions potentially associated with the treatment.

**[Key words: IBD-patients, anti-TNF therapy, pulmonary complications, tuberculosis, TB]**

#### **LOCALLY ADVANCED SIGMOID CANCER WITH CARCINOMATOSIS AND MULTIPAY RECURRENCES. 15 YEARS OF OBSERVATION**

