Defining and evaluating pouch anal and vaginal fistula

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Frontiers2021

Introduction

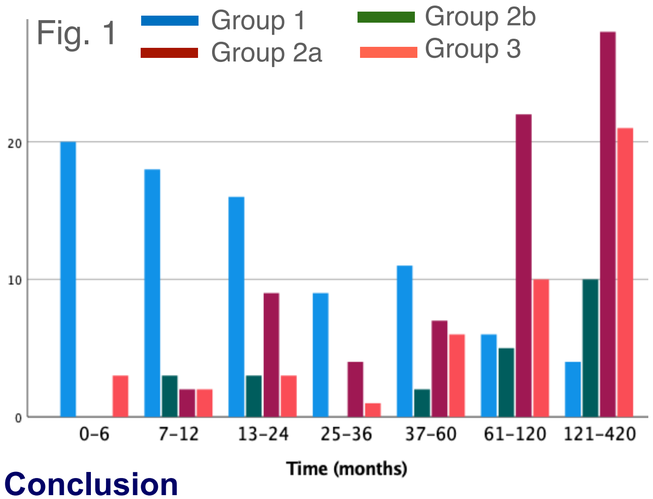
- Pouch anal and vaginal fistula (PAVF) have a high pouch failure rate of 30%
- Literature lacks standardisation in aetiological diagnosis which precludes meta-analysis of reported outcomes
- Existing view is that fistula presenting less than 6 months from restorative proctocolectomy (RPC) are related to anastomotic leak but all others are a new presentation of Crohn's disease (CD)
- We propose that PAVF are related to four distinct groups: Group 1 anastomotic related, Group 2 IBD related further sub grouped in to 2a CD and 2b non-CD, Group 3 cryptoglandular disease and Group 4 malignancy related

Aims

- Classify local cohort of PAVF according to proposed aetiological classification
- Demonstrate differences in outcomes between groups which will aid management

Methods

- Retrospective analysis of 243 patients managed between 1980-2019
- PAVF were classified in to aetiological groups using findings at EUA, MRI, and pouchoscopy
- Presentation of PAVF from pouch creation, pouch survival time and pouch failure rate was assessed



Conclusion

- Outcomes in PAVF vary with aetiology. Anastomotic leak related fistulae have shorted pouch survival time and higher pouch failure rate compared to IBD and cryptoglandular disease

Results

- 243 (149 female) pouch anal fistula (127) and vaginal fistula (116) were classified in to aetiological groups
- Mean follow up was 163 months from RPC
- Group1 PAVF were more likely to present in the first 24 months ($p<0.0001$) of RPC but could present at any time (Fig.1)
- Group 1 had the highest pouch failure rate (63%) followed by non-CD IBD (48%), CD (52%), and cryptoglandular disease (19%)
- Mean time to pouch failure was shorter in group 1 compared to 2 and 3 (Fig.2)