

# Advancing Health

**A CASE STUDY** from MedStar Colorectal Surgery

*Curing Ulcerative Colitis:*

## Laparoscopic Total Procto-colectomy with J-Pouch Formation

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### **Abstract**

A young female patient with a one-year history of ulcerative colitis refractory to medical management underwent laparoscopic total procto-colectomy with J-pouch formation. One month post surgery, all prior colitis medication has been discontinued and the patient is asymptomatic. This case study illustrates that specialized surgical intervention is a safe and successful option for curing ulcerative colitis.



MedStar Health

# CASE STUDY

## Curing Ulcerative Colitis

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### Patient Presentation

- A 17-year-old female presented with a one-year history of poorly controlled ulcerative colitis and profound anemia.
- Patient presented with complaints of 10 or more loose stools daily, hematochezia, tenesmus, perirectal pain with bowel movements, abdominal pain, recent 10-pound weight loss, severe fatigue, and arthralgia of the knees, ankles, and left shoulder.
- Medical therapies tried and failed include prednisone and infliximab. Currently taking oral iron supplementation twice a day for anemia.
- Last colonoscopy two years ago revealed active left colitis with focal cryptitis and neutrophilic infiltrate. Pathology was negative for malignancy and Crohn's disease.
- Digital rectal exam was limited secondary to active proctitis, but revealed good sphincter tone and squeeze.

### Diagnosis

- Ulcerative colitis refractory to medical management.

### Treatment

- Laparoscopic total proctocolectomy with ileo-anal anastomosis (J-pouch formation) and diverting loop ileostomy.
- CT scan and flexible pouchoscopy were used to assess the J-pouch prior to ileostomy take-down.
- Flexible sigmoidoscopy was normal and CT scan revealed no extraluminal extravasation of oral or rectal contrast.
- Eight weeks post procedure the patient had an ileostomy take-down via a peristomal approach.

### Results/Outcomes

- Two weeks post ileostomy take-down the patient reported significant improvement in her symptoms. She is having four to six controlled bowel movements a day with no urgency or incontinence. Her weight is stable and appetite has increased. Her mood and affect have significantly improved.

### Conclusion

- Minimally invasive surgery is a safe and successful option to improve quality of life and cure ulcerative colitis. The procedure allows patients to maintain anal function and avoid a permanent ileostomy while minimizing pain and shortening recovery time.



**Allen Chudzinski, MD**

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