(21242) - COLORECTAL ENDOLUMINAL VACUUM THERAPY: A CASE SERIES

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Introduction: Anastomotic dehiscence and leak formation rates after colorectal surgery range from 2% to 7%, leading to increased mortality and morbidity. Management depends on the patient's clinical condition: patients with sepsis and signs of peritonitis generally undergo surgery. In contrast, stable patients can be considered for endoscopic therapy. Smaller leaks are usually managed with stents or clips. In comparison, endoscopic vacuum therapy is preferred for larger leaks or leaks with an associated abscess.

Aim: to retrospectively review the outcomes of endoluminal vacuum therapy in our center.

Methods: Consecutive patients undergoing endoluminal vacuum therapy (EVT) with a dedicated device (endo-sponge®) were retrospectively included. Primary outcomes were technical success (defined as successful placement of the Endo- SPONGE in the cavity), clinical success (defined as closure of the anastomotic leak, confirmed via endoscopy or contrast- enhanced computed tomography imaging), and procedure-associated adverse events. Secondary outcomes were history of chemo/radiotherapy, dehiscence characteristics, number, types and timing of procedures, and recurrence rates.

Results: Between 2013 and 2023, 8 patients were referred to EVT. Patients were, on average, 62 years old (±10.2 years), and 62.5% were male or were previously exposed to pelvic radiotherapy or chemotherapy (n=5). Seven patients were referred after anastomotic dehiscence and leak formation, on average 15 days after surgery (most were anterior rectal resection cases). One patient had a dehiscence of an anastomosis after endoscopic resection of a sessile lesion. All patients had temporary fecal *diversion, and the median time to endoscopic therapy was 12 days after the diagnosis, with only one patient starting after 15 days. Medium cavity size was 40x66mm, taking on average 24*

procedures (R 8-52) for 75 days (R 16-150). Technical success was achieved in all patients, and clinical success in half (n=4). The median cavity size in the last procedure was 13x22mm. Reasons for failure were death in one patient due to infection and incomplete closure in the remaining cases, two of which were ultimately submitted to surgery. No relevant adverse events were reported.

Discussion/Conclusion: Our results were generally in line with the reported literature, as the technical success of EVT was high and adverse events were low. We opted for a conservative definition regarding clinical success, and half of our patients avoided surgery. Known factors for a worse outcome are neoadjuvant chemoradiotherapy, late endoluminal therapy (performed after 15 days), and EVT as a salvage in patients who underwent prior surgical procedures. Our weakest points are the small number of patients and the study's retrospective nature. In conclusion, endoluminal vacuum therapy appears to be a safe and effective procedure in treating anastomotic dehiscence, allowing for minimally invasive treatment of severe complications.

Palavras-chave : Endoluminal vacuum therapy, Endo-sponge, Anastomotic dehiscence