

## **THE SURGICAL APPROACH OF STENOSING CROHN'S DISEASE**

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**Abstract: Introduction:** Crohn's disease (CD) is an idiopathic intestinal inflammatory disease, in which a disturbance occurs in the regulation of the immunity of the intestinal mucosa, generating an intense chronic transmural inflammatory process in any portion of the gastrointestinal tract. The clinical treatment is the primary therapy for DC and the surgical treatment remains secondary. Surgery is indicated in serious complications of pain, such as acute obstructive or perforative abdominal pain, through stenoses, abscesses and intestinal fistulas and neoplasias. The symptoms of intestinal obstruction due to stenosis are characterized by cramps, constipation, palpable mass, tachycardia and abdominal distension. Goals. Evidence the complication of the CD with the formation of a stricture and its surgical intervention, highlighting the options, indications and risks involved. Methodology. The study consists of an integrative literature review without meta-analysis that used the SciELO and Google Scholar databases, working with articles and book chapters in Spanish and Portuguese available online over the last 5 years. Forum used the following descriptors: Crohn's disease, intestinal inflammatory disease, surgery and stenosis. Results and Discussion. The continuous inflammatory process of CD can give rise to inflammatory stenoses presenting with an acute obstruction or fibrous stenoses, which present with chronic subocclusion. The inflammatory ones can be reversed with clinical drug treatment, on the other hand, the fibrous ones are usually a fixed fibrostenotic lesion, requiring surgical intervention. Fibrous veins are the result of the accumulation of scar tissue on the intestinal walls and normally arise after a long period of inflammation and the need for surgical treatment. An important differential diagnosis is intestinal

tuberculosis that produces stenoses in terminal ileus, caecum and ascending colon, commonly immunosuppressed. There are several surgical techniques for the treatment of DC complications: Internal bypass placement is a strategy that has been abandoned due to the risk of maintaining an intestinal segment in inflammatory and degenerative activity. Segmental intestinal resection is a widely used surgical option, since DC is chronic and relapsing, and resection should not be done in large areas of stricture, as multiple resections increase the risk of short bowel syndrome. Strictureplasty is normally the procedure of choice to treat intestinal obstruction associated with stenosing CD. It was developed as a treatment to prevent short bowel syndrome, because surgery just lengthens the intestinal lumen, without removing segments of the intestine. The follow-up is done with semi-annual colonoscopies and monitored by a gastroenterologist to monitor possible recurrence. Colonoscopic recurrence precedes clinical recurrence and can be reversed only with drug treatment, without the need for a new surgical intervention. Conclusion. A DC is a much-studied disease, however, even of unknown etiology. Stenosis and obstruction are the main surgical indications for DC complications. It is necessary for the professional to be up-to-date on the latest approach techniques and their indications and maleficios, opting for an individualized approach for each case and guiding the patient not accompanied by a gastroenterologist for the probability of recurrence.

**Keywords:** Inflammatory bowel diseases; Crohn's disease; General surgery; Acute abdomen.

## REFERENCES

BICKLEY, L.S. BATES: **Propedêutica Médica**. 13ª ed. Rio de Janeiro: Guanabara Koogan, 2022.

DOS SANTOS, Mateus Lima *et al.* O Uso de Ressecções Intestinais Minimamente Invasivas no Curso da Doença de Crohn. **Revista Eletrônica Acervo Médico**, v. 17, p. e11007-e11007, 2022.

ROCHA, Ana Clara Camargo *et al.* Cirurgia videolaparoscópica na doença de Crohn: uma revisão de literatura. **Brazilian Journal of Health Review**, v. 4, n. 3, p. 12346-12352, 2021.

SCHEIDING, Mónica Millán *et al.* Papel de la cirugía actual en la enfermedad de Crohn intestinal. Resección y conservación. Técnicas anastomóticas. **Colorectal Diseases**, v. 23, p. 7-17, 2021.