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Which is a better option, hartmann's procedure or primary anastomosis and covering loop ileostomy for colorectal perforation?

Background: Although Hartmann's procedure (HP) has been thought a standard for colorectal perforation, recent studies showed the advantage of primary anastomosis and covering loop ileostomy (A-LI).

Aim : The aim of this study is to review our results for colorectal perforation.

Methods: All cases of colorectal perforation who admitted to our department from Apr. 2015 to Apr. 2018 were reviewed. Age, sex, diagnosis, the severity of the disease, comorbidities, functional status of the patients, procedure, mortality, morbidity, the rate of stoma trouble, the rate of stoma reversal, interval of reversal and total hospital days were analyzed.

Results: There were 35 cases. The details of total were as follows; 16 diverticle / 11 cancer / 3 trauma / 3 starcoral perforation / 2 ulcer. 22 were treated by HP. The mean age was 71. 17 of them had comorbidities (77.3%). 12 of them were sepsis status at initial (54.5%). There were 5 mortality cases (22.7%), 10 seriously complications (46%), 12 stoma troubles (54.5%) and four had stoma reversal (18.2%). 6 were treated by A-LI. The mean age was 58. One of them had comorbidity and sepsis (16.7%). There was no mortality case, 4 seriously complications (66.7%), 5 stoma troubles (83.3%) and all of them had reversal (100%). 7 were treated by primary anastomosis and loop colostomy (A-LC) or direct loop colostomy (DLC). The mean age was 63. 5 of them had comorbidity (71.4%) and were sepsis (71.4%). There were 2 mortalities (28.6%), 4 serious complications (57.1%), 3 stoma trouble (42.9%) and 2 had reversal (28.6%). In the reversal cases, the day of interval and total admission were 246.2/106.8/100 and 40.8/38.5/35 (HP/A-LI/A-LC or DLC) respectively.

Discussion: A-LI was safe and high reversal rate, but the candidates were limited relatively non-complicated patients. Although there was an advantage of short interval duration in covering stoma, total hospital stay was almost same. The stoma trouble was high in covering stoma rather than endocolostomy. We should choose wisely which procedure is better for a patient.