Efficacy and Safety of Additional Injection of Autologous PRS during Transanal Mucosal Advancement Flap Repair of Transsphincteric Cryptoglandular Perianal Fistulas

Jeanine Arkenbosch, Ruud Schouten, Janneke van der Woude, Jeanine Arkenbosch, Janneke van der Woude.

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Background: Treatment of transsphincteric cryptoglandular perianal fistulas is challenging and associated with high recurrence rates. Transanal Advancement Flap Repair (TAFR) fails in almost one of every three patients, probably due to persistent chronic inflammation. Autologous Platelet-rich Stroma (PRS), platelet-rich plasma (PRP) combined with progenitor cells from autologous stromal vascular fraction (SVF), obtained from liposuction, could suppress chronic inflammation and improve success rates in TAFR. This study aimed to assess the feasibility, safety, and efficacy of additional injection of autologous during TAFR for transsphincteric cryptoglandular fistulas.

Methods: 22 patients with transsphincteric cryptoglandular fistulas who underwent TAFR between December 2017 and October 2018 were prospectively included after informed consent. All patients underwent standardized TAFR and standardized preparation of autologous PRS. Inclusion criteria were transsphincteric fistulas with only one internal opening (or a second one very close by) and absence of pelvic abscess. Clinical healing was defined as the absence of symptoms and closure of the external opening at physical examination. Radiographic closure was defined as complete closure on postoperative MRI.

Results: This study included 22 consecutive patients (10:12 male: female; median age 44 years (IQR 33–55)). Follow-up data of at least 6 months was available for 18 of patients to date. All patients had one or more previous operations ranging from seton drainage to previous TAFR (3/18) or ligation of the intersphincteric fistula tract (LIFT; 2/18). Clinical healing was reached in 16 out of 18 (88.9%) patients after a median postoperative follow-up of 3 months (IQR 2.3–5.0). Two of the 18 patients did not show clinical healing at their last consultation at 4 months follow-up. Of the available 15 MRIs to date (1 is pending), 14 showed radiographic closure (93.3%). Postoperative complications encompassed thrombosis (n=1) and reoperation due to rebleeding (n=1).

Conclusions: In 18 patients with transsphincteric cryptoglandular fistula treated with the addition of autologous PRS during TAFR, 93% (14/15) showed complete radiographic closure. The addition of autologous PRS appears to be feasible, safe and highly promising due to high success rates. More studies are needed to determine the exact impact.

Clinical Hepatology

A Simplified Prognostic Model to Predict Mortality in Patients with Acute Variceal Bleeding: Multicenter Study Results

Sakkarin Chirapongsathorn, Kuntapon Akkaradichonnes, Amnat Chaijpreset, Pawinee Sayburgnkla, Division of Gastroenterology and Hepatology, Phramongkutklao Hospital, College of Medicine, Thailand.

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Figure 1: Compare model to others predictors for mortality in 6 weeks.