The inflamed pouch: Pouchitis or something else?

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Comprehensive assessment of problematic ileal pouches requires identifying multiple potential causes including cuffitis, pelvic sepsis mimicking pouchitis, and structural issues, with the speaker advocating a problem-solving approach over diagnostic labels like Crohn's-like disease of the pouch.

KEY POINTS

- Patients often have more than one cause of pouch dysfunction simultaneously, requiring assessment beyond the pouch body to include the cuff, afferent limb, and pelvis.
- Cuffitis affects 15 to 45% of pouch patients as stated by the speaker, represents residual ulcerative colitis in retained rectal mucosa, typically presents with bleeding, and is treated with topical mesalazine or the full range of UC therapies.
- The speaker reported that in a study of 68 patients treated for antibiotic-dependent pouchitis, about one-third actually had pelvic sepsis on MRI, which requires surgical rather than medical treatment.
- A case-control study the speaker cited (46 cases, 184 controls, published June of the current year) showed striking neoplasia risk in persistently inflamed cuffs.
- The speaker recommends avoiding the term Crohn's-like disease of the pouch because patients find it confusing, instead using a problem-solving approach to treat inflammation, strictures, or fistulas specifically.
- Three key mistakes identified by the speaker are overusing the term Crohn's without explanation, over-calling staple line ulcers as pouchitis when they represent ischemic problems, and treating peri-pouch sepsis with biologics when surgery is needed.

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