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Summary

VACSTENT THERAPY FOR COLONIC ANASTOMOTIC LEAKAGE

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UEG Week Vienna 2024 | Poster

Colorectal

October 13, 2024

A case report describes successful treatment of a colorectal anastomotic leak using the VacStent GI Colon device, a self-expanding stent combined with endoscopic vacuum therapy that maintained stool passage without requiring diversion.

KEY POINTS

- A 60-year-old patient with anastomotic leakage after rectosigmoid resection for perforated diverticulitis was treated with the VacStent GI Colon, an 80 mm self-expanding NiTi stent with a 60 mm polyurethane sponge middle section.
- The device was connected to continuous negative pressure at -125 mmHg, changed twice during treatment (at 5 days and 12 days), and removed after a total of 20 days.
- Endoscopy and CT imaging with rectal contrast showed complete resolution of the anastomotic leak with no residual leakage.
- The authors conclude that this approach appears to be a promising alternative to conventional endoluminal sponge therapy, achieving rapid wound healing without requiring stool diversion.
- This case report may interest clinicians managing colorectal anastomotic leaks who seek alternatives to proximal diversion.

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