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Summary

Panel discussion: The acute abdomen: The good, bad and the ugly

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Surgery | Radiology & Imaging | Endoscopy

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This panel discussion addressed the role of appendicectomy in ulcerative colitis, optimal timing of surgery in IBD, perioperative medication management, and the importance of multidisciplinary collaboration in acute abdomen cases.

KEY POINTS

- The mechanism by which appendicectomy may protect against ulcerative colitis is thought to involve the appendix serving as a safe haven for specific bacteria or microbiome, though this is not fully understood and requires further international research with better patient selection criteria.
- One speaker stated that beta-lactam antibiotics can aggravate acute Crohn's disease and are not beneficial according to Danish data, and recommended avoiding long-term steroids above 20 mg if possible before surgery.
- Biologics should be continued during the perioperative period to prevent flare-up, according to the speaker, while steroids above 20 mg daily for more than a week are associated with slightly increased risk of anastomotic leakage and wound infections.
- No imaging modality can definitively distinguish fibrotic from inflammatory strictures, but ultrasound can be used to follow response to steroids on a daily basis in acute settings.
- One speaker stated that for a young patient with 20 cm terminal ileum Crohn's disease, he would recommend surgery first rather than steroids or biologics, as surgery is the only treatment achieving mucosal healing in 100% of cases compared to about 30% with other treatments.
- The learning curve for robotic surgery in IBD is much longer than for cancer surgery, and robotic access in emergency settings is not widely available.

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