

Endoscopy-based early enterostomy closure

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It is generally recommended that a temporary stoma be closed within 9-12 wk after its construction. However, because some patients poorly tolerate the temporary stoma owing to extracellular dehydration, difficult pouch fitting, parenteral nutrition requirement in cases when the stoma is very proximal, and psychological or social impact, it might be advisable to opt for early closure.

In order to assess the feasibility of early closure and its outcome, a research team from Japan endoscopically inspected blood flow and edema in the remnant bowel of stoma patients and defined a minimal delay as optimal for closing small bowel stomas. Their study was published on February 28, 2010 in the [World Journal of Gastroenterology](#).

Fifteen patients who underwent massive bowel resection with enterostomy for superior mesenteric arterial occlusion (SMAO) were divided into a delayed closure group (D group) and an early closure group (E group). It was found that the mean duration from initial operation to enterostomy closure was significantly shorter in the E group (18.3 ± 2.1 d) than in the D group (34.3 ± 5.9 d). The duration of hospitalization after surgery was significantly shorter in the E group (33 ± 2.2 d) than in the D group (51 ± 8.9 d).

They concluded that endoscopic examination of [blood flow](#) and edema in the remnant bowel is a useful predictor to determine the time of enterostomy closure in SMAO cases.

More information: Oida T, Kano H, Mimatsu K, Kawasaki A, Kuboi Y, Fukino N, Amano S. Endoscopy-based early enterostomy closure for superior mesenteric arterial occlusion. World J Gastroenterol 2010; 16(8): 992-996. www.wjgnet.com/1007-9327/16/992.asp

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