

XI Lietuvos koloproktologų draugijos suvažiavimas ir Jungtinės Karalystės bei Tarptautinės universiteto kolorekalinių chirurgų draugijos perspektyvos

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tintas naudojant vizualinę analoginę skalę (VAS). Gyvenimo kokybė vertinta naudojant SF36V2 klausimyną ir naują sudarytą gyvenimo kokybės klausimyną. Šie gydymo rezultatai nustatyti skirtingais pooperacinio laikotarpio intervalais. Žaizdos gijimo laikas ir ligos atsinaujinimo dažnis vertintas 6 mėn. po operacijos.

Rezultatai. Nustatytas statistiškai reikšmingai mažesnis skausmas PP grupėje, palyginti su E grupe pirmą savaitę po operacijos (VAS mediana 10,0 (8,94–17,32) PP grupėje ir 20,0 (17,39–27,92) E grupėje, kai $P = 0,002$). Gyvenimo kokybė, nustatyta naudojant naują gyvenimo kokybės klausimyną statistiškai reikšmingai buvo geresnė PP grupėje nei E grupėje 2 savaitės ir 1 mėn. po operacijos (2 sav. bendrosios balų sumos vidurkis $20,11 \pm 18,19$ PP grupėje ir $28,49 \pm 16,06$ E grupėje, kai $p = 0,019$). Žaizdos gijimo laikas buvo ilgesnis E grupėje (mediana 17 (15,74–29,59) dienų PP grupėje ir 60 (59,97–81,89) dienų E grupėje, kai $p = 0,00$). Reikšmingo skirtumo tarp operacijos tipo ir ligos atsinaujinimo dažnio stebėjimo laikotarpiu nenustatyta.

Išvados. Gydant lėtinę pilonidinę ligą minimaliai invazinė „Pit picking“ operacija yra geresnis pasirinkimas, palyginti su radikalia ekscizija, žaizdos nesiuvant, vertinant pooperacinį skausmą, pacientų gyvenimo kokybę ir žaizdos gijimo laiką. Stebėjimo laikotarpiu nepastebėtas reikšmingas skirtumas tarp ligos atsinaujinimo dažnio.

Transanal Irrigation for Low Anterior Resection Syndrome Treatment: Multicenter, Randomized Controlled Clinical Trial

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Objective. The aim of the study was to assess whether transanal irrigation (TAI) provides superior improvements in bowel function and quality of life compared with the best supportive care in patients after low anterior resection.

Summary Background Data. Low anterior resection syndrome (LARS) commonly affects patients following rectal resection, impairing bowel function and quality of life. TAI has emerged as a potential intervention to alleviate these symptoms.

Method. A multicenter randomized clinical trial comparing TAI (intervention – starting with 500 ml per day, increased to a maximum of 1 L normal warm water once a day) with best supportive care (control – diet modification, antidiarrheal medication, biofeedback) was performed. Patients who have undergone low anterior resection in four European centers were included. The primary outcome was differences in bowel function at baseline, 3 months, 6 months, and 1 year, which were evaluated using LARS and Wexner scores. The secondary outcome was quality-of-life (QoL), measured by Measure Yourself Medical Outcome Profile (MYMOP) and Memorial Sloan-Kettering Cancer Center Bowel Function Instrument (MSKCC BFI) questionnaires.

Results. Forty-one patients were enrolled in the study (TAI 19, control 21). LARS scores were significantly better in the TAI group just after 3 months (median 4 versus 36 in the control group; $p<0.0001$), after 6 months (median 3 versus 36; $p<0.0001$), and stayed practically the same after 12 months (median 3 versus 36; $p<0.0001$). Wexner scores were also lower in the TAI group after 3 months (median 0 versus 14 in the control group; $p<0.0001$), 6 months (median 0 versus 14; $p<0.0001$), and 12 months (median 0 versus 13; $p<0.0001$). MYMOP score was lower in the TAI group after 3 months (median 2 versus 11; $p<0.0001$). In addition, patients in the TAI group also achieved higher MSKCC BFI scores after 3 months (median 89 versus 39 in the control group; $p<0.0001$), after 6 months (median 89 versus 39; $p<0.0001$), and after 12 months (median 89 versus 39; $p<0.0001$).

Conclusion. The study confirms that TAI leads to better functional outcomes and improvement in QoL compared with best supportive care.

***Pruritus ani*: Causes, Treatment and Methylene Blue**

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In this presentation we would like to discuss an origin and treatment of anal itching, highlighting method of methylene blue intradermal injection.

Pruritus ani is a common problem that may affect up to 5% of the population, more men than women. It could be primary (idiopathic) or secondary due to various skin conditions, infections, systematic diseases, etc. All diagnosed condition should be treated to relieve *pruritus ani* symptoms. After that, if itching remains, it could be classified as idiopathic *pruritus ani* (IPA). According to the literature, up to 50% of all *pruritus ani* cases are IPA. In this case, dietary and hygiene changes are recommended, various ointments, antihistamine agents, local anesthetic therapies could be prescribed. However, recurrence is highly likely.

In 1968 Rygick introduced a new method for IPA treatment – intradermal methylene blue injections. The methylene blue directly affects the nerve endings of perianal skin. In such way urge to scratch decreases. Later, in 1991, Esubio suggested to reduce methylene blue concentration and add local anesthetic (Lidocaine) to reduce local complications. Still, various complications may occur, e.g. cellulitis (17,4%), full-thickness skin necrosis (13%), decreased perianal sensation (6,9%), etc. Over time, the concentration and methodology of intradermal injections varied. In this presentation we would like to share a video of our method.

Based on data from the literature, intradermal methylene blue injections show good results in a short term (up to 90,6% symptom free). In a long term, recurrence rate could reach up to 80%, in some cases re-injection could be required.