DDW2025 Digestive Disease Week®

MAY 3–6, 2025 | SAN DIEGO, CA

Efficacy and Safety of Endoscopic Stricturotomy for Anal Strictures in Inflammatory Bowel Disease: A Case Series

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BACKGROUND

- **Anal stricture burden:** Up to one-third of Crohn's patients develop fibrotic strictures; when these form in the anorectal canal they severely impact continence and quality of life
- **Current gaps:** Surgery often means a permanent ostomy, while balloon dilation carries high perforation and recurrence rates
- **Rationale for study:** Endoscopic stricturotomy (ESt) shows high success in other GI sites, but data for anal strictures are sparse—prompting our evaluation of its safety and durability in IBD

MATERIAL & METHODS

- **Design:** Retrospective case-series, single tertiary care center (Jan 2020 – Jan 2024)
- **Population:** 13 adult IBD patients with symptomatic anal strictures
- **Procedure:** Endoscopic stricturotomy using needle-knife; hemostasis with clips if needed.
- **Variables captured:** Demographics, IBD subtype, prior EBD, biologic/targeted therapy, stricture length/width, passability, fistula presence.
- **Outcomes:** *Primary*—technical success, 30-day complications; *Secondary*—reinterventions, time to surgery.
- **Analysis:** Descriptive statistics in MS Excel; results as mean ± SD or n (%).

RESULTS

- **Baseline:** Mean age 55 ± 15 y; 62 % female; 77 % Crohn's; BMI 27 ± 5 kg/m²; fistula 54 %.
- **Stricture morphology:** Passable 92 %; length 1.8 ± 1.6 cm; width 6.2 ± 2.4 mm.

In expert hands, ESt delivers safe, durable relief for IBD-related anal strictures

Patient	Knife used	Technical success	Hybrid procedure (EBD)	EBD done prior (0) or after ES (1)	EBD dilation diamater (mm)	Clinical success	Immediate post-procedure complications	30 day post-procedure complications	Reintervention	Time to first re-intervention (months)	Perianal fistula	Duration of follow up	Surgery
1	IT knife	Yes	Yes	1		No	No	No	No		No	7 months	No
2	IT knife	Yes	No			Yes	No	No	Yes	1	Yes	1 month	No
3	IT knife	Yes	Yes	1	16-17-18 mm	No	No	No	No		No	1 month	No
4	IT knife	Yes	No			Yes	No	No	No		No	2 months	Yes
5	IT knife	Yes	Yes	0	12-13.5-15 mm	Yes	No	No	Yes	3	Yes	5 months	No
6	IT knife	Yes	Yes	0	15-16.5-18 mm	Yes	No	No	Yes	5	No	3 months	No
7	IT knife	Yes	No			No	No	No	Lost to follow up		No	3 months *	No
8	IT knife	Yes	No			Yes	No	No	No		No	1 month	No
9	IT knife	Yes	No			Yes	No	No	Yes	12	No	7 months	No
10	IT knife	Yes	Yes	0	15-16.5-18 mm	Yes	No	No	Yes	1	No	13 months	No
11	IT knife	Yes	No			Yes	No	No	Yes	3	No	1 week	No
12	IT knife	Yes	No			Yes	No	No	Yes	20	Yes	3 months	No
13	IT knife	Yes	No			No	No	No	Yes	11	No	7 months	No

RESULTS

- **Technical success:** 13/13 (100 %)
- **Clinical success:** 9/13 (70%)
- **30-day complications:** 0
- **Follow-up (6.5 ± 4.3 months):**
  - **1st re-intervention 67 % (median 4 months)**
  - **2nd re-intervention 31 %**
  - **3rd re-intervention 15 %**
- **Surgery:** Needed in 1/13 (7.7 %)

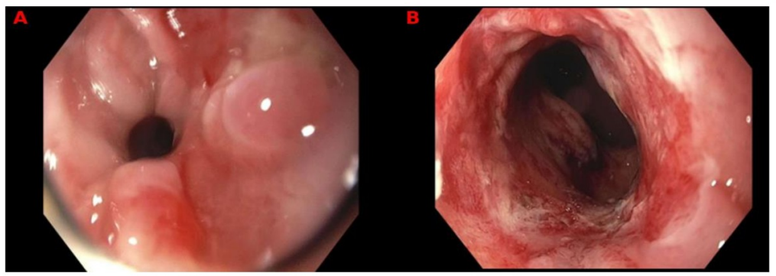

Figure 1: Endoscopic images showing an anal stricture before (A) and after (B) endoscopic stricturotomy in a patient with Inflammatory Bowel Disease

CONCLUSION

- ESt is an effective and safe option for managing IBD-related anal strictures, offering hgh technical success with low rate of complications.
- ESt provides viable aternative to EBD, with significant number able to avoid surgery for a long period of time.
- Larger, prospective studies needed to refine patient selection and optimal interval for follow-up.

CONTACT INFORMATION

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