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## Loopogram report format

Erect chest X-ray showed pneumoperitoneum. [PubMed] [Google Scholar][9] Sohn K.M., Lee S.Y., Kwon O.H.. 2000;87:575. The operation was performed six weeks after completing neo-adjuvant concurrent chemo-radiotherapy. However, two days after the distal loopogram, the patient returned to the hospital with septic shock (blood pressure 95/60mmHg, pulse rate 128 bpm, afebrile) and generalised peritonitis. He was discharged home after the procedure. Moreover, prolonged retention of Gastrografin in the gastrointestinal tract (e.g. stasis) may carry the risk of tissue damage, bleeding, and bowel necrosis [7]. 1991;20:123. J GastrointestSurg. [PMC free article] [PubMed] [CrossRef] [Google Scholar][3] Shalabi A., Dueb S.D., Khoury W.. If distal loopogram is deemed really necessary, precautions should be taken, and patients should be properly counselled prior to the procedure. This risk is compounded if the distended bowel is the descending colon, which is usually smaller in calibre, and less distensible compared to the rectum or sigmoid colon [8]. [CrossRef] [Google Scholar][7] Bayer Australla Ltd. During the procedure, the insertion of the Foley's catheter into the distal loop of the ileostomy required multiple attempts, owing to the difficulty in identifying the correct lumen. [PubMed] [CrossRef] [Google Scholar][2] Hong S.Y., Kim D.Y., Oh S.Y., Suh K.W.. The fluid shift into a closed compartment such as an obstructed colon could lead to over-distention of the bowel. Water-soluble contrast is the contrast of choice when perforation of the GI tract is suspected because it is thought to cause less peritoneal irritation than barium. This was the most likely cause for our first patient, as the perforation site was located near to the loop ileostomy. This is usually done in addition to clinical assessment by digital rectal examination and endoscopy.However, there are arguments about the necessity of routine contrast studies in this respect, as there is doubt about the ability of contrast studies to predict anastomotic complications [2, 3].Generally, contrast studies of the gastrointestinal (GI) tract are considered safe, with reported perforation rates between 0.02 and 0.04% [5], and thus, can be performed as outpatient procedures. Eight hours later, the patient returned to the emergency department with generalized peritonitis and septic shock (blood pressure 86/56mmHg, pulse rate 130bpm, temperature 37.8 degree Celsius). One year later, he underwent a routine distal loopogram examination for the assessment of anastomosis patency. Contrast studies like distal loopogram (DL) are routinely performed in many centres to assess the integrity of the ULAR anastomosis, before closure of the covering ileostomy. Med.J.Malaysia. The patient underwent emergency laparotomy the same day. 8] Liew N.C., Gee T., Sandra K., Gul Y.A.. Am Surg. Early recognition and surgical management usually lead to satisfactory outcomes. PMID: 19886140. A covering ileostomy is usually performed to decrease clinical anastomotic leak and reoperation rates. [PubMed] [CrossRef] [Google Scholar][4] Karsten B.J., King J.B., Kumar R.R. Role of water-soluble enema before takedown of diverting ileostomy for low pelvic anastomosis. A loopogram is a fluoroscopic study of an ileal conduit, which is a type of urinary diversion.TerminologyThis procedure is also known is an ileal conduitogram, ileal loopography or ileostoureterography. ProcedureIt is a retrograde study in which contrast is injected via the anterior abdominal wall stoma of ileal conduit. The stoma is initially "catheterized" with a urinary catheter to allow access.A series of images are taken in a number of positions to assess the conduit - in the majority of cases a postoperative stricture being the chief clinical concern.It is typical to observe contrast entering the ureters during. Peritoneal lavage and primary closure of the perforations were done. Therefore, the routine usage of this procedure should be scrutinized and the patient needs to be properly counselled prior to the procedure.Keywords: Anastomosis leak, Bowel perforation, Distal loopogram, Ileostomy, Ultralow anterior resectionUltra-low anterior resection (ULAR) has a significant anastomotic leak rate with published rates varying from 2.8 to 25% [1]. Barium peritonitis following barium enema ofocolon. On the other hand, Gastrografin, being water-soluble, is absorbed and excreted mainly by the kidneys [9]. The first case presented to the emergency department with abdominal pain two days after; whereas the second case return to the hospital 8 hours after discharge. The drain was removed on post-operative day 6. Post-operatively, the patient was continued on broad-spectrum antibiotics, and his condition improved gradually. Barium peritonitis following distal ilealloopogram. Gastrografin: Approved Product Information. Water-soluble enema prior to ileostomy closure in patients undergoing low anterior resection: is it necessary? The main difference in our series is that water-soluble contrast agent was used in both of our patients instead of barium enema.In addition, it was interesting to note that both of our patients did not present with any immediate symptoms during the distal loopogram procedure. In many centres, distal loopogram is performed routinely, prior to the closure of the loop ileostomy, to assess the integrity of anastomosis. The distal loopogram showed an intact ULAR anastomosis, with no evidence of an anastomotic leak (Figure 1), thus the patient was discharged home, and scheduled for elective closure of ileostomy at a later date. Intra-operatively, there was a large small bowel perforation, 10cm proximal to the covering ileostomy (Figure 3), with generalised peritoneal contamination. [PubMed] [CrossRef] [Google Scholar][6] Mohan T.R., Prasuna B.M., Ali W., Reddy C.M.P.. Renal excretion of ingested gastrografin: clinical relevance in early postoperative treatment of patients who have undergone gastric surgery. Nevertheless, it still has significant potential to cause peritonitis, as demonstrated in our cases. He spent the next two months in the hospital but eventually recovered fully. Nonetheless, dense bowel adhesions and ureteric obstruction are recognized late complications of barium peritonitis [5], and the management is complex. PMID. A drain was placed in the pelvis adjacent to the repair site. From our literature search, ours are probably the first case reports showing delayed bowel perforation leading to overt peritonitis after distal loopogram with water-soluble contrast agent. On the tenth post-operative day,he underwent a distal loopogram as an outpatient procedure, to assess the ULAR anastomosis. 2009;75:941. However, we recently encountered two cases of iatrogenic, delayed bowel perforations post-routine distal loopogram, which led to significant peritoneal contamination and sepsis, requiring emergency surgery.A 66-year-old elderly man, who had Stage III mid-rectal carcinoma (T3N1M0), underwent ULAR with a covering ileostomy. The patient was discharged well two weeks after the emergency operation but never had the ileostomy closed as he refused further surgery.Ethical approval: The research related to human use has been complied with all the relevant national regulations, institutional policies and in accordance the tenets of the Helsinki Declaration, and has been approved by the authors' institutional review board or equivalent committee.Informed consent: Informed consent has been obtained from all individuals included in this study.Contrast studies, like distal loopograms and proctograms, are routinely requested by many colorectal surgeons to assess anastomoses before the closure of covering ileostomies. However, the value of this practice is questionable [2, 3], and some use distal loopogram only selectively for patients with abnormal findings on digital rectal exam and rigid proctoscopy [4].Distal loopogram is generally considered safe, with a very low complication rate, especially when water-soluble contrast (e.g. Gastrografin) is used. Routine barium enema prior to closure of defunctioning ileostomy is not necessary.J Korean SurgSoc. The patient had no other previous medical history. [PubMed] [CrossRef] [Google Scholar] Ultra-low anterior resection for low rectal cancer is usually done with a covering ileostomy as a safety measure to reduce the consequences of distal anastomotic failure. Distal loopogram is generally considered a safe procedure with very low complication rates, especially when water-soluble contrast is used. CurrProblDiagnRadiol. Recognition and prevention of barium enema complications. Advice from the primary surgical team should be sought if the anatomy of the stoma was not clear-cut.Gastrografin is a salt of the amidotrizoic acid, and when introduced into the bowel lumen, it draws fluid from the plasma and interstitium due to osmotic gradient [7]. doi: 10.1007/s11605-016-3218-8. [PubMed] [Google Scholar][5] William S.M., Harmed R.K.. Journal of Evolution of Medical and Dental Sciences. This may be partly because of the low incidence rate. In a Korean series of 141 patients who had contrast enema study before closure of ileostomy, only one patient had iatrogenic bowel perforation during the barium enema examination and developed barium peritonitis [2]. AJR Am J Roentgenol. In both of these patients, the surgeon did not encounter much bowel adhesions during the surgery, as there was not much delay in surgical management. A plain abdominal radiograph showed extra-luminal contrast (Figure 4), which was confirmed by CT abdomen (Figure 5). 2017. doi: 10.2214/ajr.178.5.1781129. He was resuscitated with fluids and started on broad-spectrum antibiotics. 2015;28:4920. The perforation of the ileum probably occurred during the multiple failed attempts at channeling the contrast injecting catheter and might be compounded by forceful injection of contrast agent. There is a paucity of literature on the subject, as the incidence is so low. doi: 10.1046/j.1365-2168.2000.01396.x. -. There were three small perforations noted at the descending colon just proximal to the anastomotic stricture (Figure 6). -. After adequate fluid resuscitation, CT abdomen/ pelvis was performed. 2002;178:1129. doi: 10.4174/jkss.2012.83.2.88. The practice of routine distal loopogram before the closure of ileostomy should be reconsidered, especially when clinical examination may offer a safer alternative to most cases. Our cases highlight the potential dangers of distal loopogram. doi: 10.1016/0363-0188(91)90017-v. Emergency laparotomy was performed the same day. As outpatients, both patients were discharged home soon after the procedures. 2016;20:1732. Br J Surg. CT abdomen showed leakage of contrast in the right hypochondrial region with pneumoperitoneum (Figure 2). doi: 10.14260/jemds/2015/717. However, there was no evidence of anastomotic contrast leakage noted on this study. 15190666. We report two cases of delayed bowel perforation which led to severe sepsis and generalized peritonitis after distal loopogram prior to ileostomy closure. There are different contrast agents to choose from, and these are mainly divided into water-soluble (e.g. Gastrografin) and water-insoluble (e.g. barium). This phenomenon probably explains the perforation in the second patient, especially if the contrast was injected under high pressure.There have not been many publications related to the further management of patients after contrast peritonitis. 2003;4:766. The procedure which was done as an outpatient procedure showed a colonic stricture measuring five centimetres in length, proximal to the coloanal anastomosis. Patients need to be aware of the possibility of delayed bowel perforation that may lead to late presentation.Conflict of interestConflict of interests: None declared[1] Horgan A.F., Finlay I.G. Preoperative staging of rectal cancer allows selection of patients for preoperative radiotherapy. 2012;83:88. Post-operative recovery was complicated with pneumonia, kidney impairment, and high output stoma. Intra-operatively, two litres of foul-smelling, turbid, whitish fluid were found in the abdominal cavity. In contrast to our cases, which both presented as delayed bowel perforation, two earlier cases reported bowel perforation with barium peritonitis that happened within minutes after the injection of barium contrast [6, 8].In terms of the mechanism of perforation, some have reported perforation at the catheter insertion site and attributed the perforation to local trauma by the contrast injecting catheter itself [6]. The distal loopogram was performed using water-based contrast prior to closure of ileostomy. The perforated segment was resected, and a double-barrelled ileostomy constructed. His stoma was closed during the same admission with no further complication.A 50-year-old man with no medical history was diagnosed as having low rectal cancer (T2N1M0) and underwent ULAR with covering ileostomy after neoadjuvant chemo-radiation. This emphasizes that the insertion of the catheter through the correct ileostomy lumen might not be straightforward, especially to staff who are not familiar with the anatomy of the loop stoma. Furthermore, the usage of Gastrografin instead of barium might have led to lesser bowel adhesions encountered during the surgery.In conclusion, although distal loopogram is deemed to be a safe procedure especially when a water-soluble contrast agent is used, these two cases highlight its potential danger.

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