SEVEN different award types; INCREASED Junior Faculty FUNDING; NEW Mid-Career Bridge Funding; Med Resident and Student Awards

[www.gi.org/research-awards](http://www.gi.org/research-awards)

**Grant System Opens:** September 8, 2020

**Deadline:** December 4, 2020

Read the [Grant Flyer](http://www.gi.org/research-awards), [FAQs](http://www.gi.org/research-awards), or visit the webpage for the RFAs.

Welcome to the Virtual Grand Rounds Waiting Room – The educational activity will begin promptly at 12 Noon Eastern.

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Participating in the Webinar

All attendees will be muted and will remain in Listen Only Mode.

Type your questions here so that the moderator can see them. Not all questions will be answered but we will get to as many as possible.

How to Receive CME and MOC Points

LIVE VIRTUAL GRAND ROUNDS WEBINAR
ACG will send a link to a CME & MOC evaluation to all attendees on the live webinar.

ABIM Board Certified physicians need to complete their MOC activities by December 31, 2020 in order for the MOC points to count toward any MOC requirements that are due by the end of the year. No MOC credit may be awarded after March 1, 2021 for this activity.
MOC QUESTION

If you plan to claim MOC Points for this activity, you will be asked to: Please list specific changes you will make in your practice as a result of the information you received from this activity.

Include specific strategies or changes that you plan to implement. THESE ANSWERS WILL BE REVIEWED.

ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!

Week 31: Special Considerations When Discussing Diet Elimination for EoE
Nirmala Gonsalves, MD
October 22, 2020 at Noon EDT

Week 32: Managing Medical-Legal Risk in Colonoscopy:
Rules for Success
Douglas K. Rex, MD, MACG
November 5, 2020 at Noon EDT

Visit gi.org/ACGVGR to Register

NOTE: there will be no Virtual Grand Rounds on October 29 due to ACG 2020
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Disclosures:

Bo Shen, MD
Consultant for Janssen, AbbVie, and Takeda; Speaker for AbbVie and Takeda

David T. Rubin, MD, FACP
Advisory Committee/Board Member: CCFA, Janssen
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Co-Founder: Cornerstones Health Inc. (non-profit medical education company), GoDuRn LLC (non-profit medical education company)
Royalties: Slack Publications
Pouch or True “Ouch”?
Avoid Common Mistakes in the Diagnosis and Management of Ileal Pouch Disorders

Bo Shen, MD
The Edelman and Jarislowsky Professor of Surgical Sciences
Professor of Medicine and Surgical Sciences
Director of Interventional IBD Center/IBD Section
Vice Chair for Innovation in Medicine and Surgery
Columbia University Irving Medical Center
New York, NY

Indications for Total Colectomy in UC

- Refractory UC
- Colitis-associated Neoplasia
- Poor tolerance of medications

Shen B (Ed). Pouchitis and Ileal Pouch Disorders Elsevier 2019
Ileal Pouch-Anal Anastomosis

J pouch+stapled anastomosis

Tip of the “J”
2-cm cuff

S pouch+handsewn anastomosis

2-cm efferent limb

J Pouch

Afferent limb

Pouch inlet

Tip of the “J”

Cuff(cancer)

Anal transition zone

Dentate line

Shen B (Ed). Pouchitis and Ileal Pouch Disorders Elsevier 2019
Stoma Takedown Site

End-to-end anastomosis (risk of stricture)

Side-to-side anastomosis (risk of staple-line leak)

Disorders of the Ileal Pouch

- Surgical/Mechanical
  - Anastomotic leak
  - Pelvic sepsis
  - Sinus
  - Fistula
  - Strictures
  - Efferent limb syn.
  - Afferent limb syn.
  - Prolapse
  - Pouch folding
  - Twist/ volvulus
  - Infecundity
  - Sexual dysfunction
  - Portal vein thrombi
  - Foreign body

- Inflammatory/Infectious
  - Pouchitis
  - Cuffitis
  - Crohn’s dis.
  - Small bowel bacterial overgrowth
  - Inflammatory polyps

- Functional
  - Irritable pouch syn.
  - Anismus
  - Poor compliance
  - Pseudo-obstruction
  - Megapouch
  - Hypersensitive suture lines
  - “Pouchalgia fugax”

- Neoplastic
  - Pouch neoplasia
  - Lymphoma
  - Squamous cell cancer

- Systemic/Metabolic
  - Anemia
  - Bone loss
  - Vit D/B12 def.
  - Renal stone
  - Celiac dis.
  - High PTH

Presenting Symptoms

- Diarrhea
- Cramps
- Urgency
- Incontinence

- Dyschezia
- Incomplete Evacuation
- Bloating

- Fever
- Night Sweats
- Tailbone Pain
- Leukocytosis

Pouchitis
Cuffitis
Crohn’s Disease
Irritable Pouch Syndrome

- Pouchoscropy

- Stricture
- Floppy Pouch Complex
- Pouch Twist
- Anismus

Anopouch Manometry
Barium Defecography
Pouchoscopy

Pathogen-associated
Pouch Inflammation
Abscess
Sinus/Fistula

Pouchoscopy

Pelvic MRI

Pouchoscopy

Gastrograffin Enema for Leaks

Shen B. ACG Virtual Grand Rounds 2020

Shen B. CUMC 2020

American College of Gastroenterology
Stoma Takedown Site

- Ulcer
- Stricture (end-to-end > side-to-side anastomosis)
- Fistula (side-to-side anastomosis)
- “Pseudopouch”: dilated side-to-side anastomosis

Etiology
- Surgical
- Crohn’s disease?

Stoma Takedown Site

- Stricture
- Fistula

Shen B. ACG Virtual Grand Rounds 2020
“Pseudopouch” at the Stoma Takedown Site

Stoma Takedown Site

1st-Line treatment

- Ulcer
- Stricture
- Fistula
- “Pseudopouch”

- Observe
- Endosc. balloon dilation/stricturotomy
- Endoscopic clipping
- Surgical conversion to end-to-end
Afferent Limb

- Ulcer and inflammation
- Stricture

**Etiology**
- Crohn’s disease
- Backwash enteritis (primary sclerosing cholangitis)
- Pre-pouch enteritis
- Ischemia

American College of Gastroenterology
**Afferent Limb**

- Ulcer and inflammation
- Stricture

**Etiology**
- Crohn’s disease
- Backwash enteritis
- Pre-pouch enteritis
- Ischemia

**1st-Line treatment**
- Endo balloon dilation/stricturotomy
- Anti-TNF/Ustekinumab
- Budesonide
- Budesonide
- Hyperbaric oxygen

---

**Inlet**

- Ulcer
- Stricture

**Etiology**
- Crohn’s disease
- Surgical ischemia
Inlet: Normal and Variation

A. Owl's eye

B. Stricture

C. Fistula

D. Prolapse

Inlet

A. Afferent Limb Syndrome

B. Stricture

C. Fistula

D. Prolapse

Shen B. ACG Virtual Grand Rounds 2020
Inlet

1st-Line treatment

- Observe
- Endo balloon/dilation/stricturotomy

Ulcer
Stricture

Tip of the “J”

- Ulcer
- Fistula

Etiology
- Surgical ischemia
Tip of the “J”

- Ulcer
- Fistula

1st-Line treatment

- Observe
- Endoscopic clipping
Pouch Body

- Pouchitis
- Floppy pouch complex
  - Prolapse
  - Vertical twist
  - Horizontal twist - “Paperclip” pouch

Spectrum of Pouchitis

**Disease course:** Acute             Chronic
**Pattern:** Episodic              Relapsing     Chronic
**Response to antx:** Responsive     Dependent     Refractory
**Etiology:** Primary               Secondary
**Etiopathogenesis:** Microbiome     Immune-mediated  Ischemia
Classic Pouchitis

Immune-mediated Pouchitis
Primary Sclerosing Cholangitis-associated Pouchitis/Enteritis

Ischemic Pouchitis

Shen B. ACG Virtual Grand Rounds 2020

Shen B. Curr Opinion Gastroenterol 2016;32:49-54
Weight Gain and Evolution of Pouchitis

Evolving Thoughts on Pouchitis

Bacterial  Autoimmune  Ischemia  Outlet obstruction/ Fecal Stasis

Shen B. ACG Virtual Grand Rounds 2020
Observed Trend in Pouch Disorders

- Stricture, leak, fistula
- Pouchitis
- Twisted pouch
- Floppy pouch complex
- ? Laparoscopic
- ? Robotic
- ? Effective medical therapy

Fecal Stasis and Dyssynergic Defecation
## Treatment of Pouchitis

<table>
<thead>
<tr>
<th>Microbiota-associated</th>
<th>1st line</th>
<th>2nd line</th>
<th>3rd line</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ciproflaxcin, metronidzole, tinidazole, amoxicillin)</td>
<td>Mesalamines; Topically active steroids</td>
<td>Anti-TNF; Anti-integrin; Anti-IL12/23</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immune-mediated</th>
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<th>3rd line</th>
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</thead>
<tbody>
<tr>
<td>Budesonide Mesalamines; Oral vancomycin (PSC-enteritis/pouchitis)</td>
<td>Vedolizumab; Immunomodulators</td>
<td>Ustekinumab; Anti-TNFs</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Ischemia associated</th>
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</thead>
<tbody>
<tr>
<td>Vedolizumab</td>
<td>Hyperbaric oxygen</td>
<td>Pouch redo; bariatric surgery?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Structural/functional outlet obstruction-fecal stasis</th>
<th>1st line</th>
<th>2nd line</th>
<th>3rd line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endoscopic therapy; Biofeedback</td>
<td>Biofeedback; Endoscopic therapy</td>
<td>Surgery</td>
<td></td>
</tr>
</tbody>
</table>

### Pouch Prolapse

- Anterior wall cuffitis

Shen B. ACG Virtual Grand Rounds 2020

Shen B (Ed). *Pouchitis and Ileal Pouch Disorders.* Elsevier 2019

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**Pouch Prolapse and Banding Therapy**

Shen B. ACG Virtual Grand Rounds 2020

**Vertical Twist**

Horizontal Twist- "Paperclip"

Anastomosis

- Stricture
- Presacral sinus
- Pouch-vagina fistula

Etiology
- Surgical ischemia
Anastomotic Stricture: Dilation and Stricturotomy

Male: 20 mm balloon
Female: 18 mm balloon

Presacral Sinus: Sinusotomy

Lan N, Hull TL, Shen B. Gastrointest Endosc 2019;89:144-56
Endoscopic Sinusotony:

1. Presacral sinus
2. Endoclips along incised septum
3. Epithelialized sinus

Endoscope with needle knife

Lan N, Hull TL, Shen B. Gastrointest Endosc 2019;89:144-56

Pouch Vaginal Fistula: Differential Diagnosis

1. At the anastomosis (surgical trauma)
2. At the anal canal (Crohn’s disease)
3. At the dentate line (cryoglobulinar)


American College of Gastroenterology
Cuffitis and Anal Transition Zone

- Classic cuffitis
- Long cuffitis
- Ischemic cuffitis
- Crohn’s disease
- Prolapse

remnant ulcerative colitis
Cuffitis

Long cuffitis

Classic cuffitis

Ischemia?

Crohn’s Disease and Prolapse in the Cuff

Crohn’s disease

Prolapse
**Cuffitis and Anal Transition Zone**

- Classic cuffitis
- Long cuffitis
- Ischemic cuffitis
- Crohn’s disease
- Prolapse

**1st-Line treatment**

- Topic mesalamine/steroids
- Anti-TNFs
- Hyperbaric oxygen?
- Anti-TNF
- Endoscopic banding

**Neoplasia in the Cuff**

- Majority in the cuff or anal transitional zone
- Mucosectomy not entirely protective
- Yearly surveillance in those with precolectomy colorectal
Summary

- Stoma takedown site, inlet, tip of the “J”, and anastomosis
  - Common "normal" postsurgical changes: ulcers and stricture
  - Common locations for surgical strictures and acute/chronic leaks
- Pouchitis-endoscopic distribution pattern
  - Microbiota vs. Autoimmune vs. Ischemia
  - Fecal stasis-mechanical/functional outlet obstruction
- Chronic pouchitis: Vedolizumab
- Crohn’s disease of the pouch: Anti-TNF > Ustekinumab
- Cuffitis:
  - Classic vs. Crohn’s disease vs. prolapse
- “Floppy pouch complex” (prolapse, afferent limb syndrome, twist)
- Endoscopic therapy for stricture, prolapse, & sinus
- Surveillance pouchoscopy: esp. those with precolectomy colorectal neoplasia

Questions?

Bo Shen, MD

David T. Rubin, MD, FACG
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