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Endoscopic balloon dilation in pre-pouch ileal strictures in patients with Crohn's-like disease of the pouch: a tool not to be overlooked!

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Dear Editor,

Strictures are among the possible complications of ileal pouch-anal anastomosis (IPAA) performed after restorative proctocolectomy for ulcerative colitis (UC) and occur in approximately 11% of patients following this surgical procedure (1). Large-scale data for EBD in pouch strictures worldwide are still lacking, especially for pouch strictures in the context of Crohn's disease(CD)-like disease of the pouch (2).

We report a procedural success in treating, through EBD, a complex case of double short pouch stenosis in an elderly patient with coexisting CD-like pouch disorder and chronic antibiotic-refractory pouchitis. The patient, a 78-year-old female, was diagnosed with UC (E3 according to Montreal classification) in 2009 and, due to the development of severe disease activity, underwent a two-step restorative proctocolectomy with the construction of a J-pouch IPAA (2001). Subsequently, she developed chronic antibiotic-refractory pouchitis, which required treatment at another centre with UC-dosed infliximab (2004-2005), discontinued upon achieving deep remission. She came under our observation in November 2023 due to a reactivation of symptoms and underwent a pouchoscopy, confirming the diagnosis of chronic pouchitis. For this reason, in January 2024, we initiated treatment with vedolizumab. In December 2024, however, the patient experienced two subocclusive episodes managed conservatively, necessitating hospitalisation. This assessment identified two luminal strictures in the pre-pouch ileum (each within 3 cm in length) covered by intensely hyperaemic and eroded mucosa, which could only be traversed with a paediatric-calibre endoscope. EBD was performed. Figure 1 displays the most representative endoscopic frames of the EBD procedure performed. An endoscopic examination was also performed seven days post-procedure (Figure 1), demonstrating the successful outcome.

The patient has been monitored monthly since the procedure, and up to the last follow-up in April 2025, she has not experienced further subocclusive episodes and has returned to a regular diet.

This type of procedure in patients with CD-like disease of the pouch does not have many studies available for specific comparisons with our experience. To this end, a single study by Syal et al. (3) demonstrated in a small cohort of just over sixty patients that the presence of CD-like disease of the pouch, compared to simple pouchitis, was associated with a significantly higher risk of pouch failure as well as an increased risk of pouch-related complications. Specifically, long-term follow-up data are needed to understand the long-term efficacy of EBD in this particular patient setting.

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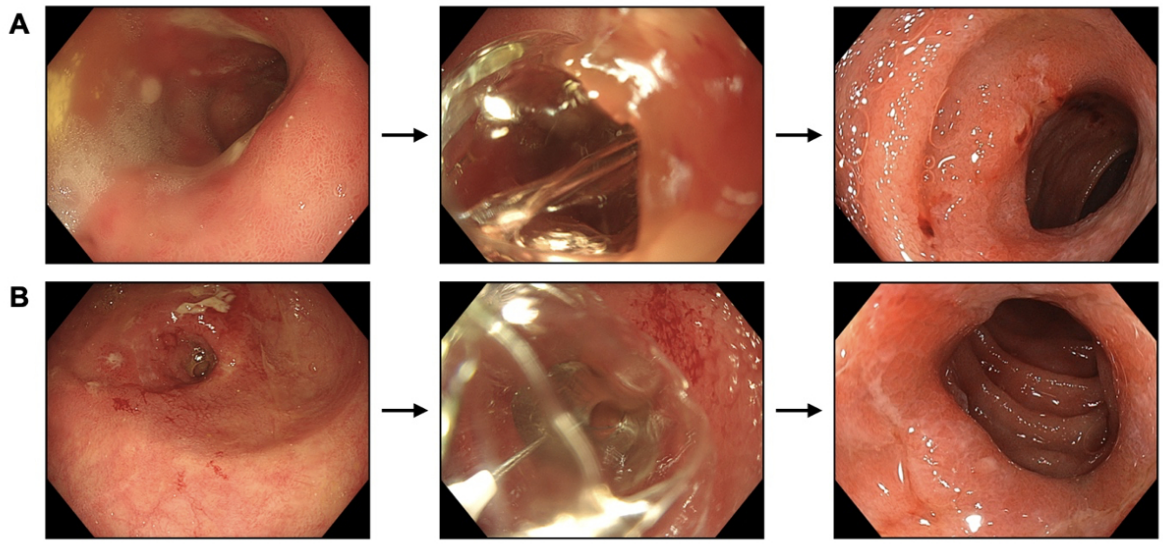

Figure 1. Endoscopic balloon dilation of the first (A) and second (B) pre-pouch ileal strictures. The sequence includes the pre-dilation, the intradilation endoscopic, and the post-dilation endoscopic frames (seven days post-procedure). EBD was performed using a TTS catheter (pressure 3 bar for 1 minute), along with biopsy sampling (non-specific chronic inflammation). A TTS dilator (three-stage balloon dilatation catheter BD-400P-1080, Olympus) connected to a manometer (MAJ-1740, capacity 60 mL, maximum pressure 15 bar, Olympus) was used in an Olympus (PCF-H190TL) scope.