Pouchitis - Summary Clinical Guideline

Reference no.: CG-GASTRO/2020/028

- Pouchitis refers to idiopathic chronic non-specific inflammation of the ileal reservoir (pouch) causing symptoms with endoscopic and histologic features of pouch inflammation. Secondary causes (see below) of pouchitis should be identified and excluded, especially if symptoms are prolonged and not responding to conventional therapy. Pouch endoscopy and biopsies are the main diagnostic tools.

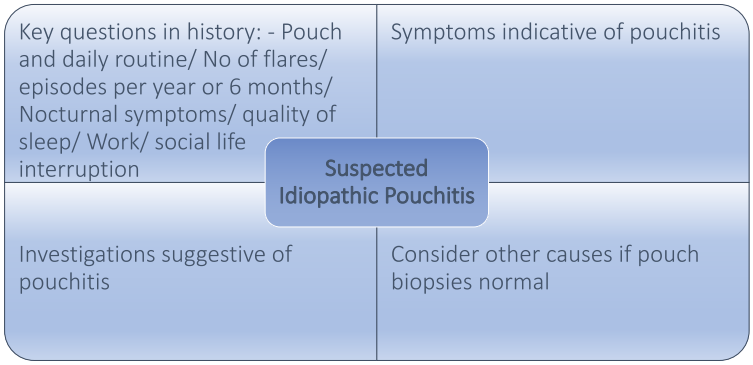

Figure 1: Factors to consider during assessment of idiopathic pouchitis

- Acute pouchitis refers to symptom duration of less than 4 weeks. Chronic pouchitis is defined as persistence of symptoms more than 4 weeks despite treatment.

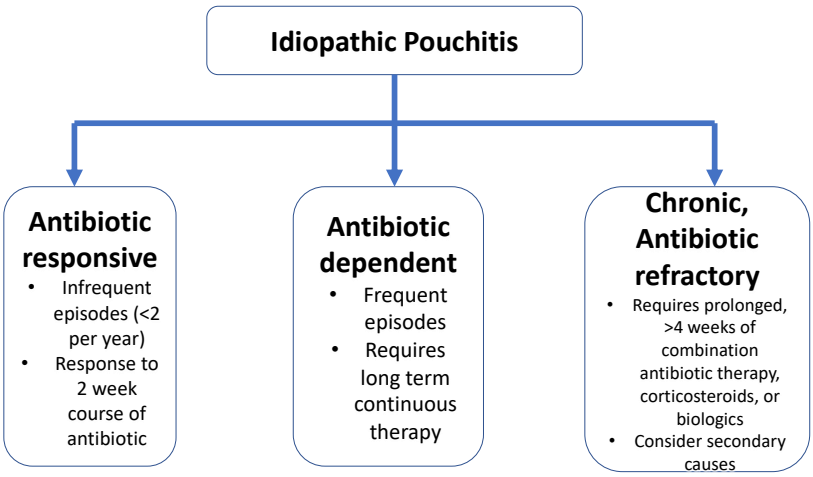

Figure 2: Spectrum of idiopathic pouchitis based on antibiotic treatment response

- Secondary causes of pouchitis include infections such as Clostridium difficile pouchitis, coliform infections, candida, CMV; ischaemic pouchitis, NSAID use, autoimmune, Crohn's disease of the pouch, cuffitis, irritable pouch syndrome and sphincter dysfunction.

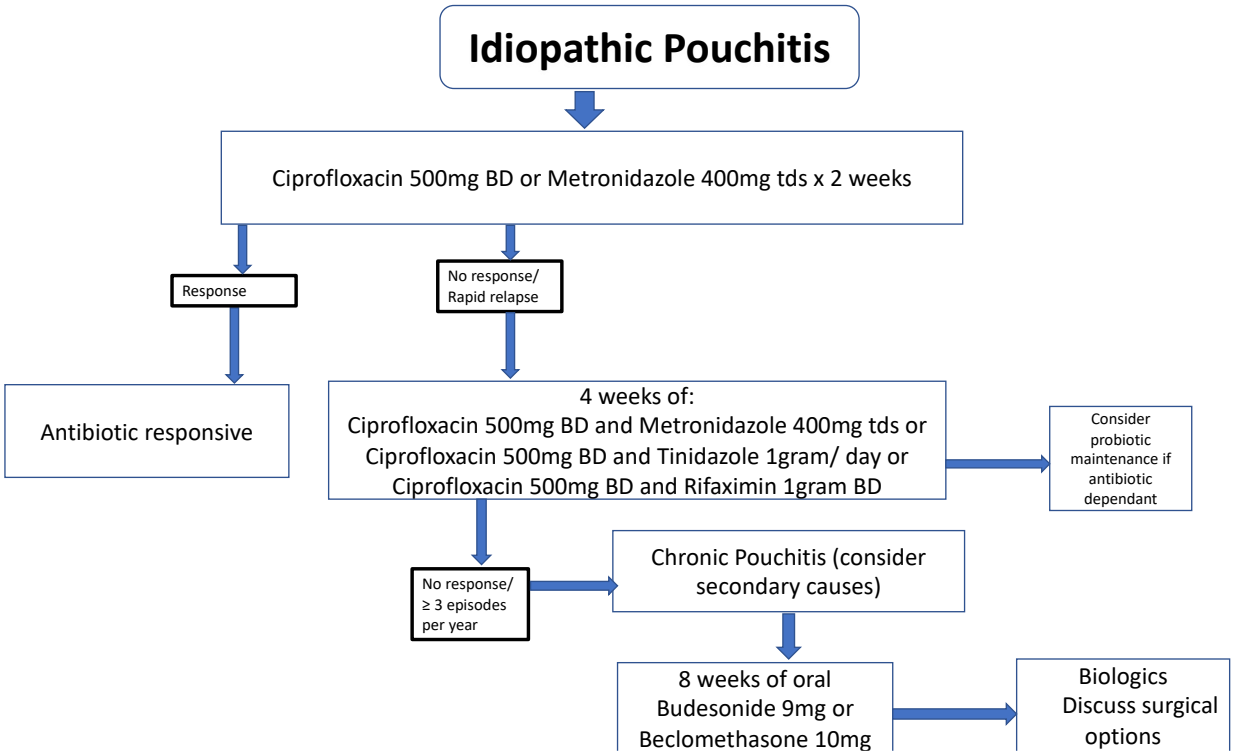

Figure 3: Idiopathic pouchitis management pathway

- Risk of neoplasia in pouches is low, with cancer risk of 0.02% at 20 years
- Dysplasia/ Cancer may arise from the rectal cuff, the pouch or separately from the anal mucosa
- Yearly pouch surveillance is recommended for the following group of patients at increased risk for dysplasia or cancer:
    - Colorectal carcinoma or dysplasia in the colectomy specimen
    - Primary Sclerosing Cholangitis
    - Chronic pouchitis with type C ileal pouch mucosa (moderate to severe villous atrophy, severe pouchitis occurring rapidly after pouch formation)
    - Long retained rectal cuff