

# Chronic Pain after Longo Procedure

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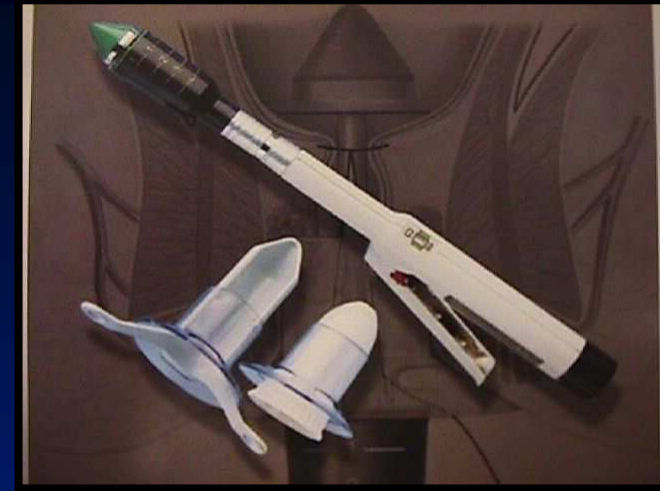
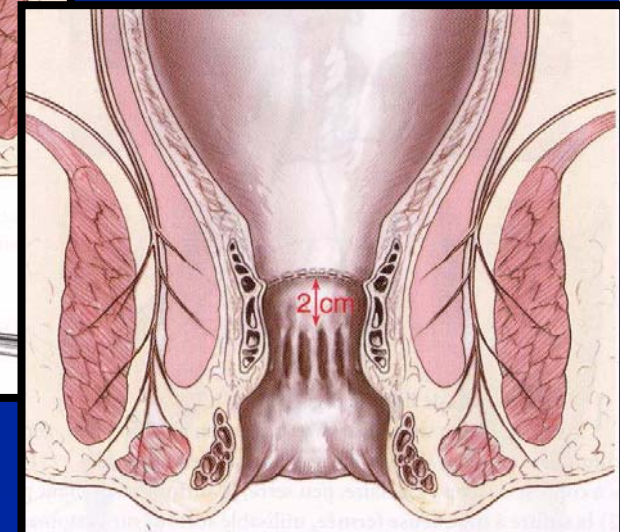
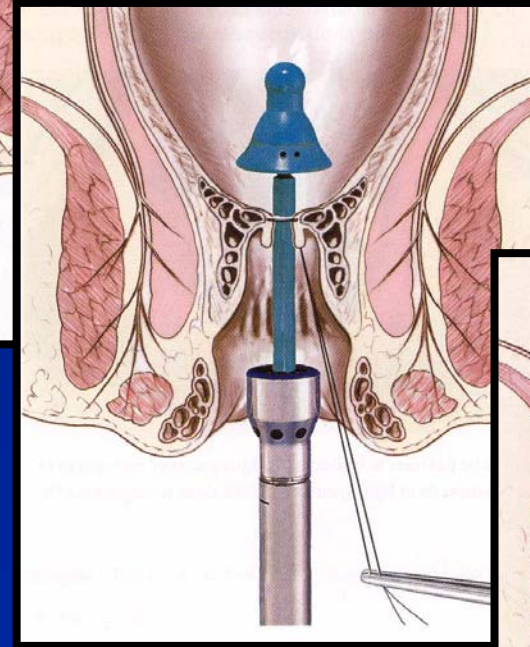
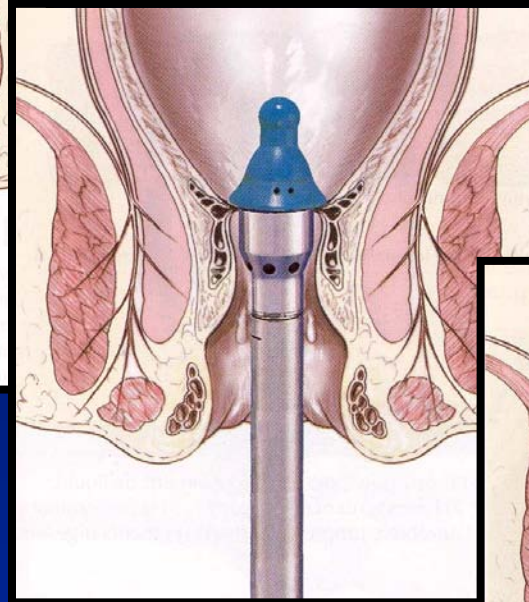
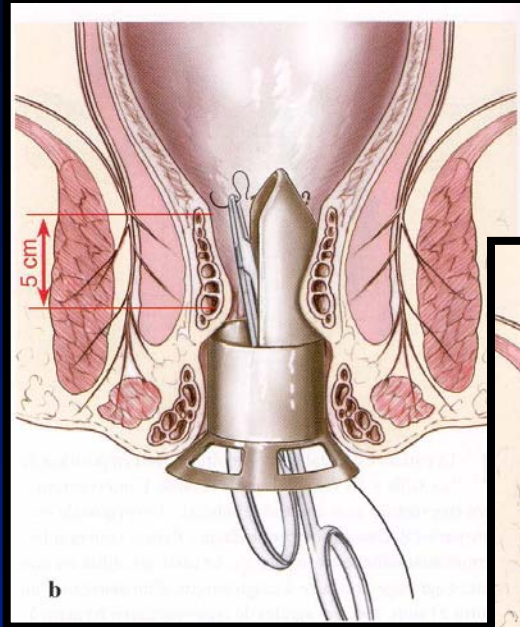
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# Longo procedure



# Complications (20.2 to 36.4%)

12.7%	Readmission
6.4%	Re operation
1 to 11%	Bleeding
1.6 to 31%	Chronic Pain
5.7%	Recurrence

*Pescatori et al Tech Coloproctol 2008 12:7-19*



ORIGINAL  
ARTICLE

## Complications of stapled hemorrhoidectomy: a French multicentric study

Malika OUGHRIS (1), Renaud YVER (2), Jean-Luc FAUCHERON (1)

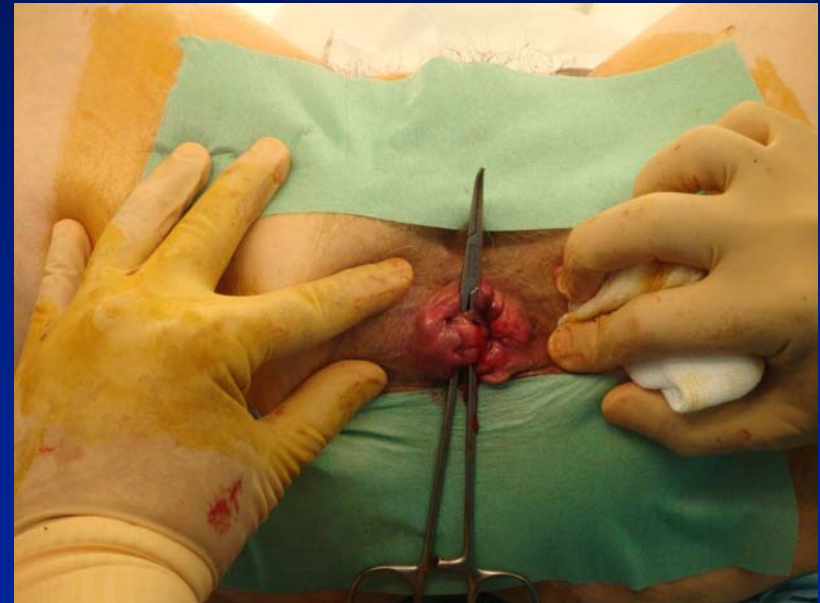
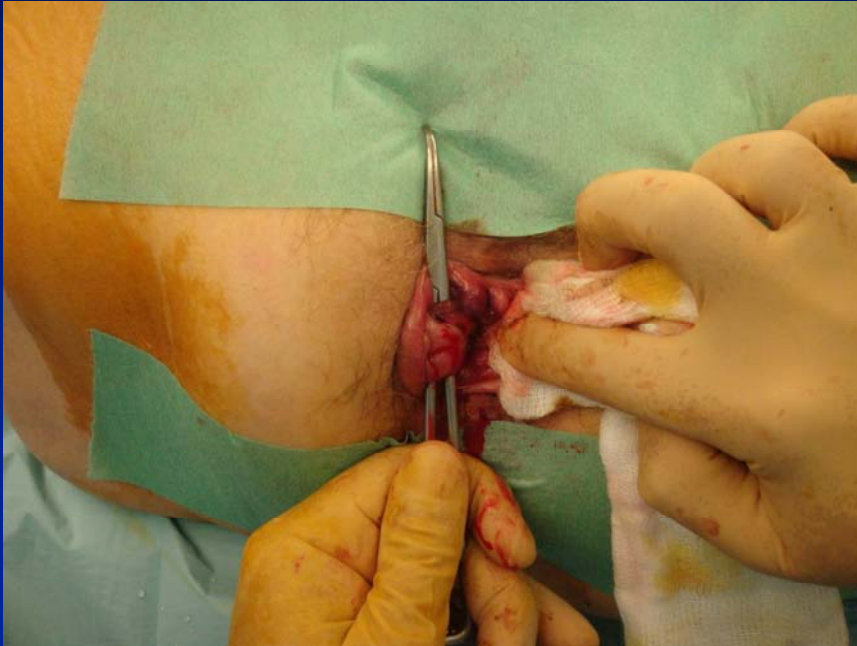
(1) Département de Chirurgie Digestive et de l'Urgence, Hôpital Michallon, BP 217, 38043 Grenoble Cedex 09 ; (2) Clinique des Cèdres, 13, Avenue Marcellin Berthelot, 38100 Grenoble.

**Table II.** – Late complications (7<sup>th</sup> day and after) of stapled hemorrhoidectomy.

*Complications tardives (7<sup>e</sup> jour et plus) après hémorroïdopexie selon Longo.*

Type of complication	
Chronic pain	1.6%
Suture dehiscence	1.6%
Anal stricture	1.6%
Anal fissure	0.9%
External hemorrhoidal thrombosis	0.9%
Intramural fistulization and abscess	0.9%
Anal incontinence	0.3%
Persistent or recurrent symptoms	3.2%

# Complications



**From February 2006 to November 2008**  
**We treated 23 patients with chronic pain**  
**After Longo procedure**

**7 female    median age 41 (28-52)**  
**16 male     median age 43 (21-62)**

# Post operative pain

Type of pain were classified in 2 groups

Pain non related with defecation:

Chronic proctalgia (CP) 14 cases

Pain related with defecation:

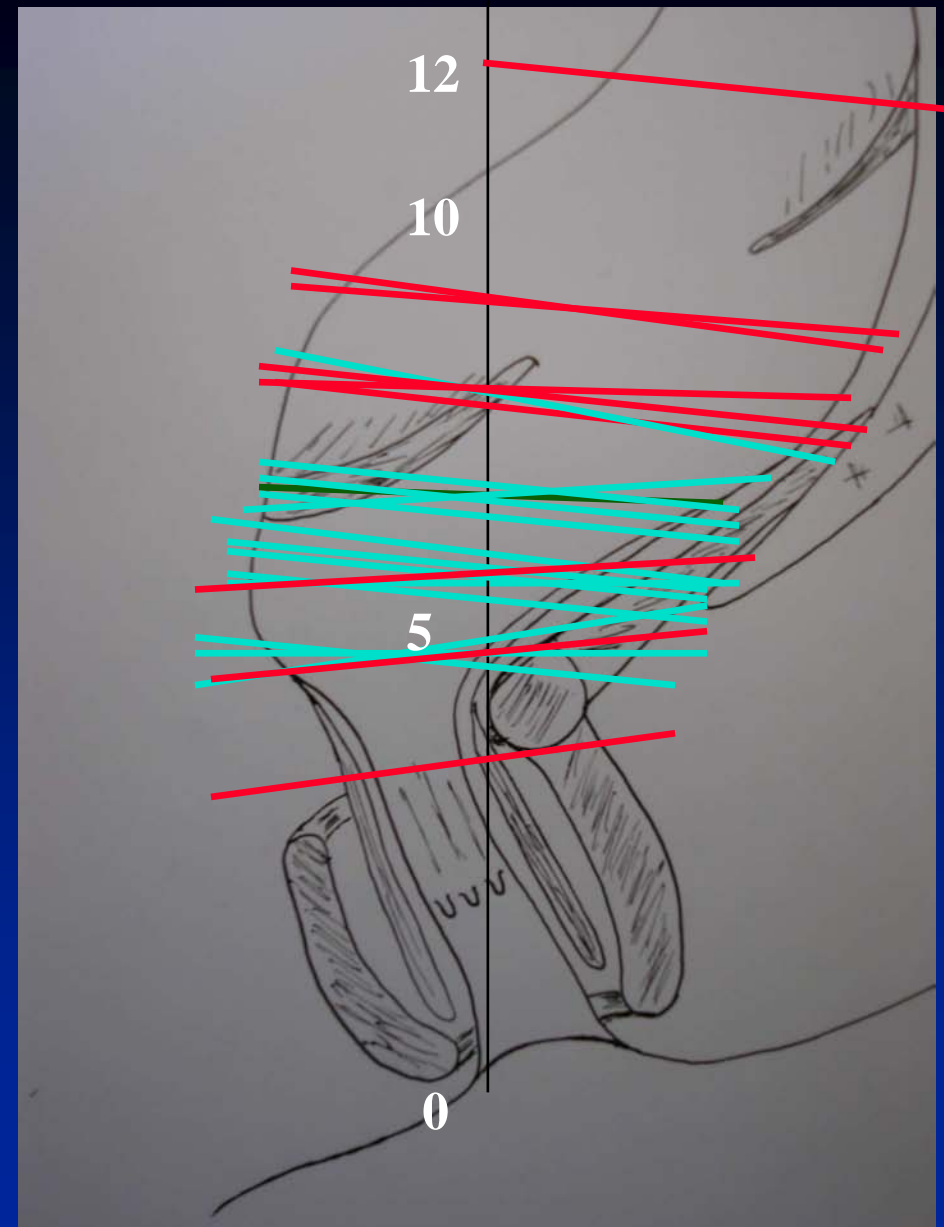
Post evacuatory (PE) 9 cases

# Location of staplers

In cm from anal  
Margin

CP 

PE 



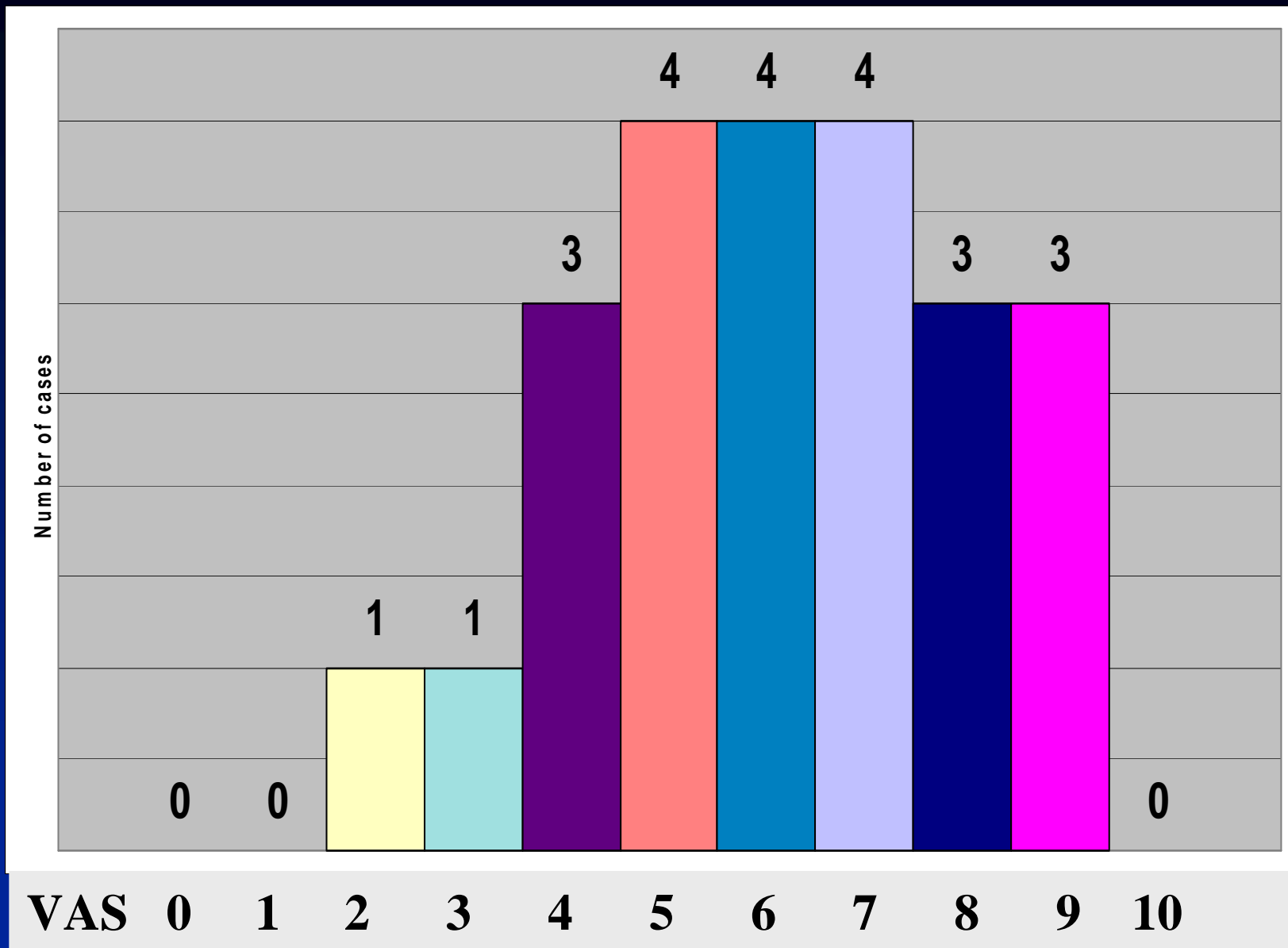


# Associated complications

4 Stenosis

9 Inflammation

5 Scar tissue



**VAS 6.08 +/- 1.7**

# Treatment consist of

6 Nifedipin treatment	4 positive effect
12 Infiltrations	12 positive effect
8 Agrapphectomy	4 positive effect

In 17 cases recurrences

**Recurrence where associated in the majority  
of the cases with CP**

**Treatment was**

**14 Flap**

**And**

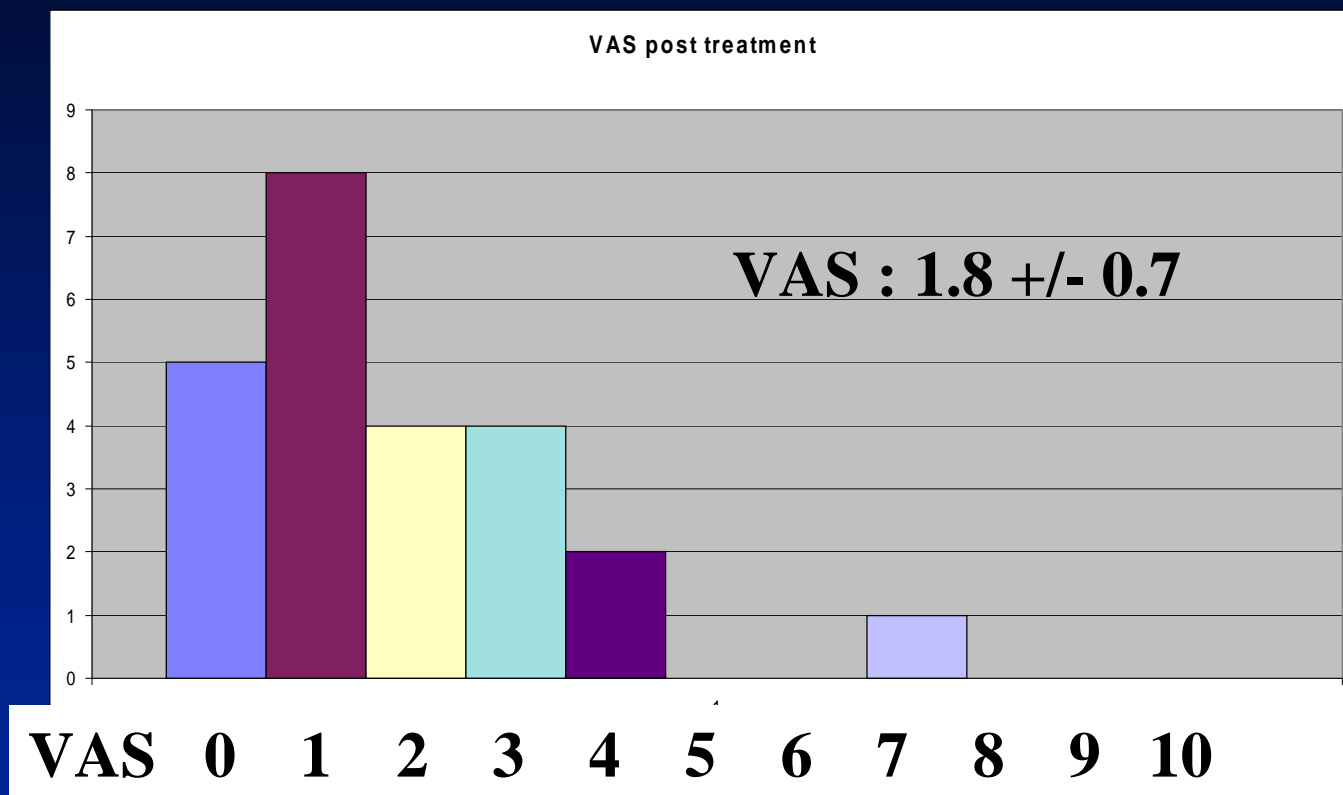
**17 Chronic pain treatment**

# Results of the Flaps

14 Flap

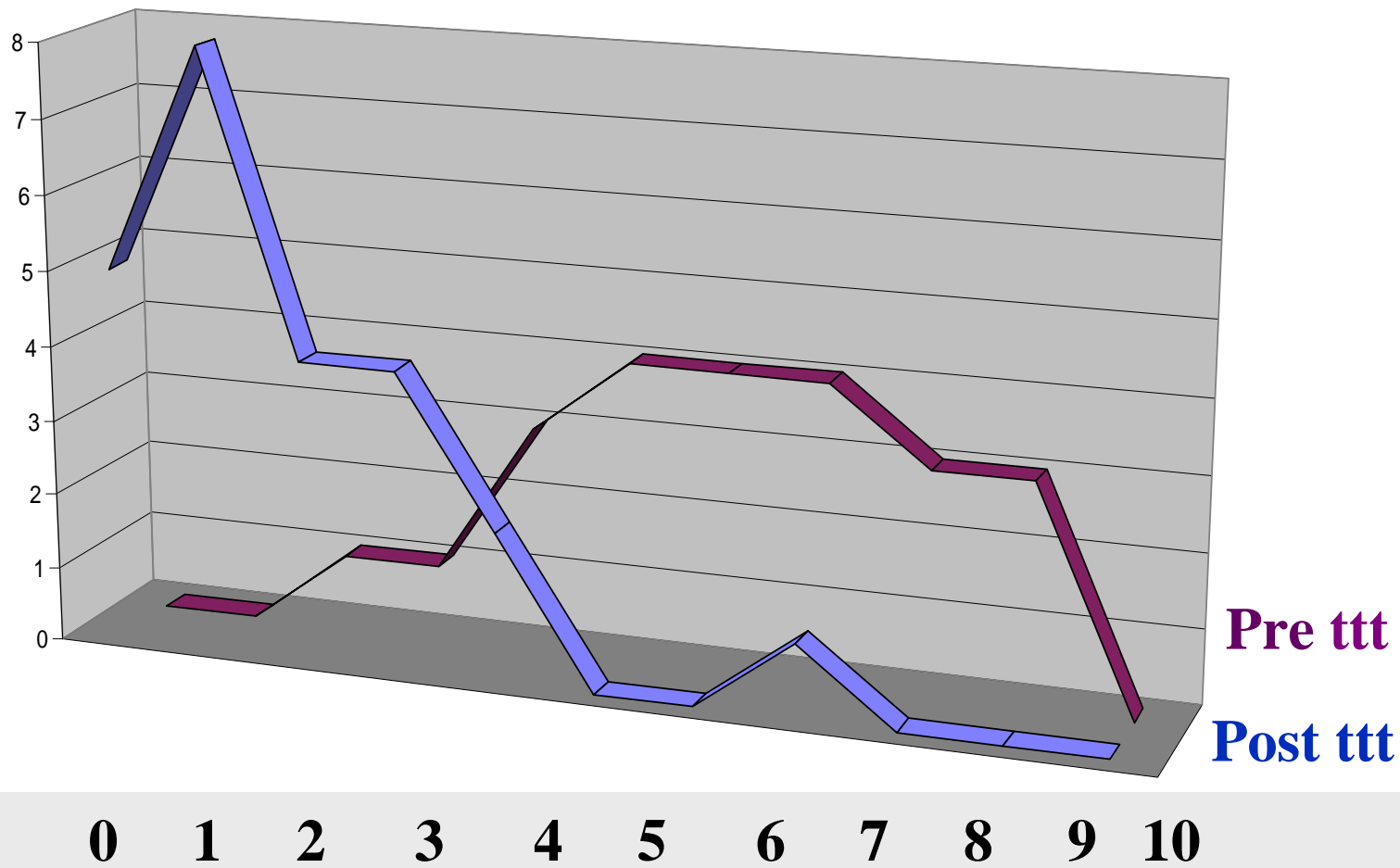
Followed by

14 Chronic pain treatment





## VAS évolution with treatment



VAS

0 1 2 3 4 5 6 7 8 9 10

Pre ttt

Post ttt

# Histology Methods

## Conventional histology :

**10% buffered formalin- paraffin embedded tissue-5 micra thick microtome cut sections E&E stained section.**

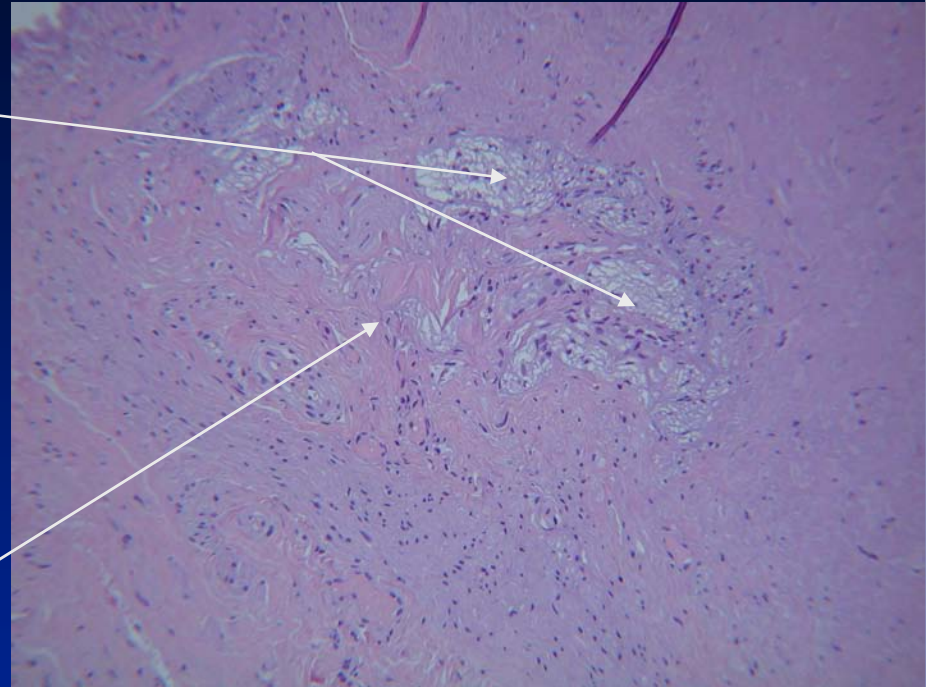
## Immuno-histochemistry

**Polyclonal antibody S-100 by neomarkers, at the diluition of 1:100 for 30 minutes at room temperature, without antigen retrival**

# Histology results

**Nerve trunks  
in  
cicatricial rectal submucosa**

**The nerves are distorted and  
surrounded by fibrous tissue**



**Similar to traumatic neuroma or  
Morton's interdigital neuroma.**

**(E&E 200x)**

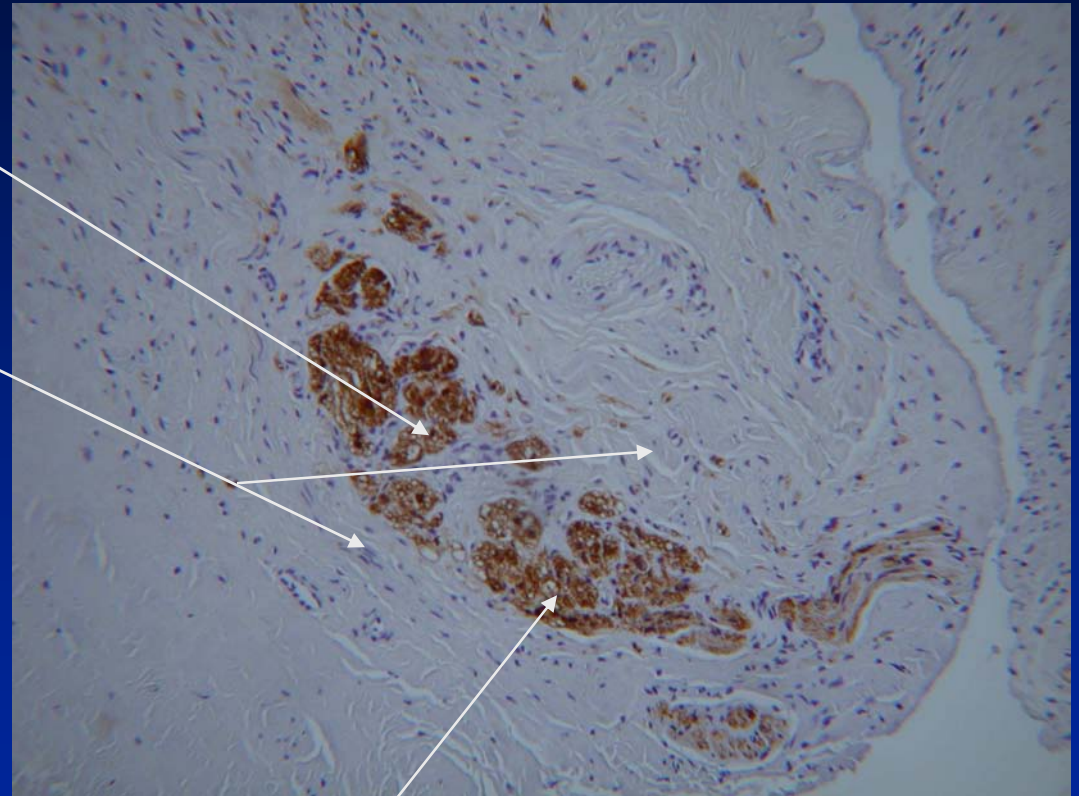
# Histology

Peripheral nerve trunk in rectal submucosa

surrounded by

Cicatricial fibrous tissue

Immunohistochemistry  
for S-100 protein highlights  
the compartmentalization of Schwann cells

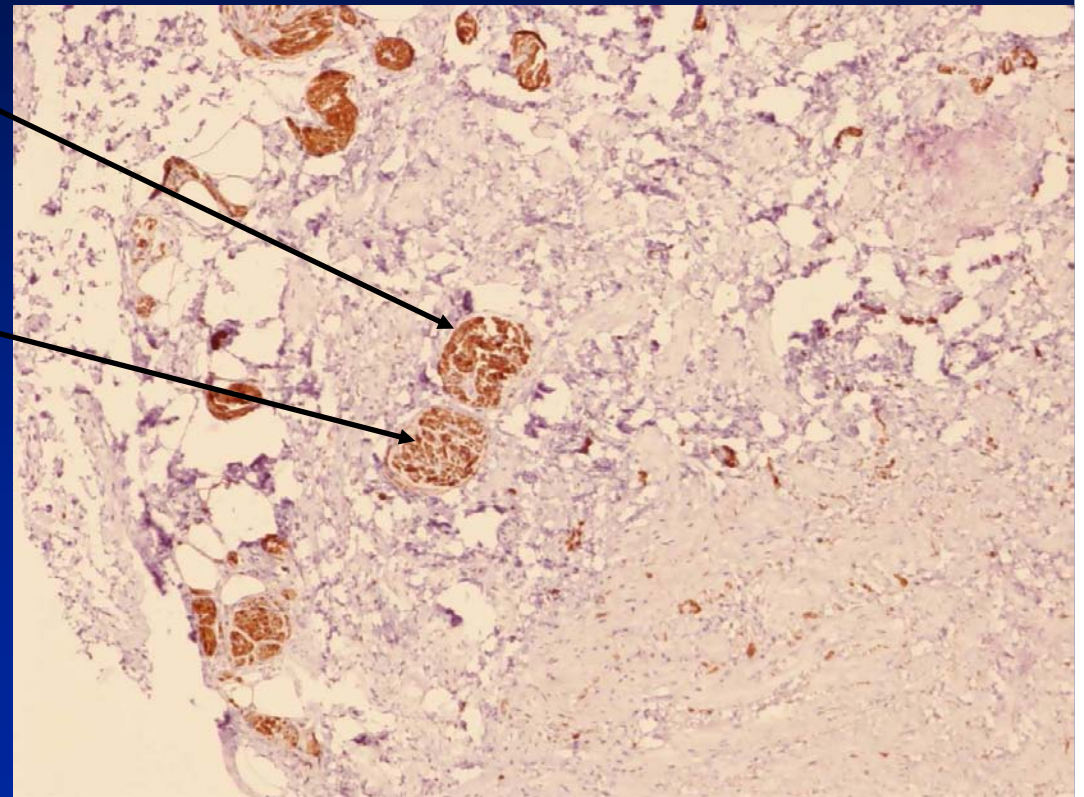


# Histology results of Longo specimen (6) without pain

Peripheral nerve trunk in rectal submucosa

Normal Schwann cells

Immunohistochemistry  
for S-100 protein highlights





## **Conclusion:**

**Chronic pain after Longo procedure is frequent.**

**Post evacuatory pain is treated by conservative treatment**

**Chronic proctalgia require a wall resection with agrapphes**

**Histology shows nevroma**

**VAS reduce from 6.8 to 1.8**

**Chronic pain therapy is mandatory**



**Geneva University Hospital**

**14<sup>th</sup> Course in Proctology  
1-4 February 2010**

**13<sup>th</sup> Post Graduate Training day  
Perineal Suppurations  
February 5th**

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