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Intravenous phenytoin: Potential new therapy for gastrointestinal fistulae

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Gastrointestinal fistulae are among the most devastating complications of gastrointestinal surgery and can be lethal. Fistula tract healing consists of several processes, including cell migration and formation of a new extracellular matrix. Multiple studies have demonstrated that phenytoin can promote wound healing and induce faster fibrosis. We postulate that the positive effects of phenytoin can be used to enhance fibrosis of the fistula tract. We treated 16 patients who had developed GI fistulae as a complication of surgical intervention. Five patients developed external small intestinal fistulae, 3 patients developed colonic fistulae, 3 patients developed pancreatic fistulae, 1 patient developed a biliary fistula and 4 patients developed gastrocutaneous fistulae. Patients were started on IV phenytoin for the first 4 days and subsequently switched to oral phenytoin for a total of ten days. A significant drop in output was noticed 3-4 days after treatment. The fistulae healed in a short period averaging 8 days without the need for a surgical intervention in 13 patients (81%), but failed to heal in three patients.

Conclusion: Intravenous phenytoin may have a positive effect on the treatment of fistulae. Prospective studies are needed to validate this potential effect of phenytoin on fistula healing.

Biography

Saed A. Jaber has finished his Medical School in Albert Szent Georgye University, Hungary. He had his surgical training at the University of Missouri, Columbia and did Bariatric Surgery Fellowship at the University of Iowa. Currently, he is a consultant General & Minimal Invasive Surgeon at King Fahd Military Medical Complex in Saudi Arabia.

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