Chirurgia (Bucur). 2025;120(2):151-158
http://dx.doi.org/10.21614/chirurgia.3144

Surgical Outcomes in Acute Right-Sided Colonic Ischemia without Vascular Repair: A Single-Center Experience

Rãzvan Cãtãlin Popescu[1,2], Dimitrie Bușu[2,3], Nicoleta Leopa[1], Daniel Ovidiu Costea[1,2], Mihaela Pundiche[1,2]
[1]Department of General Surgery, Emergency Hospital of Constanta, Romania
[2]Ovidius University, Faculty of Medicine, Constanta, Romania
[3]Department of General Surgery, Cai Ferate Clinical Hospital Constanta, Romania

Abstract
Background: Acute right-sided colonic ischemia is a life-threatening condition often necessitating emergent surgical intervention. However, postoperative results are uncertain, especially in the absence of the possibility of revascularization. This study aimed to evaluate clinical characteristics and surgical outcomes in patients undergoing surgical intervention without vascular reconstruction.
Methods: A retrospective cohort study was conducted on 73 patients presenting with acute right-sided colon ischemia without feasible vascular intervention. Patients were categorized into three groups: extended right-sided colectomy with primary anastomosis, colectomy with ostomy, and exploration only. Demographic, clinical, and perioperative data were analyzed and compared.
Results: From the 73 patients with acute right-sided colonic ischemia without vascular repair, 47 undergoing colectomy and 26 exploratory surgery. Colectomy patients had lower comorbidity (ACCI 4.11 vs. 5.59, p=0.017) and better outcomes, with 30-day mortality of 7.7–11.8% compared to 80.8% in the exploration-only group. Among resection patients, ostomy was more common (34 vs. 13 anastomoses), and complications were slightly higher (41.2% vs. 30.8%). One-year mortality was highest in the ostomy group (26.5%) and lowest in the anastomosis group (15.4%).
Conclusions: In acute right-sided colonic ischemia patients without vascular repair, extended right-sided
colectomy is associated with improved outcomes when performed in appropriately selected individuals. Surgical intervention should be prioritized in patients with acceptable comorbidity profiles.
Keywords: urgent surgery, mesenteric ischemia, complications, survival