



Figure 18-1. (A) Endoscopic appearance of a normal J-pouch. (B) Endoscopic appearance of pouchitis.

dilation of pouch strictures. Furthermore, surveillance biopsies for dysplasia can be obtained during endoscopic evaluation.

The presence of isolated, afferent limb ulcers should raise the suspicion of CD, NSAID-related pouchitis, or ischemia, while inflammation confined to the cuff or anal transitional zone supports a diagnosis of cuffitis.^{27,36,37} Cuffitis occurs specifically in patients with a stapled IPAA, who have a retained rectal cuff. The presence of pseudomembranes, which are rarely seen in patients with IPAA,