gutflix
GI learning, personalised

Summary

How to boost wound healing in- and outside

Ailsa L Hart

UEG Week Berlin 2025 | Presentation

IBD | Primary Care | Surgery

October 6, 2025

The speaker reviewed perianal Crohn's disease as a distinct biological entity requiring tailored approaches to boost wound healing, emphasizing optimization of anti-TNF therapy, structured patient classification, and integration of medical and surgical care.

KEY POINTS

- The speaker presented a classification dividing perianal Crohn's disease into groups including Class 1 (minimal symptoms), Class 2a (reparable fistulas), and Class 2b (palliative goals), to help set realistic treatment goals with patients.
- In the ACCENT II study, the speaker stated that about one in four responders achieved fistula closure at one year with infliximab, and about 60% of patients had two or more draining fistulas.
- The speaker reported pilot data from Sulak showing that higher tissue anti-TNF levels correlated with lower symptom burden and trended toward improved outcomes, and that achieving double-digit serum infliximab levels improves healing.
- Before considering anti-TNF failure, the speaker recommended checking drug levels, obtaining an MRI, and consulting a surgeon, as surgical drainage of tracts can restore drug responsiveness.
- The speaker highlighted that perianal fistulas may have distinct biology from luminal Crohn's disease, with common pathways including interferon-gamma, TNF, JAK-STAT signaling, and matrix metalloproteinases.
- In the Q&A, the speaker strongly endorsed smoking cessation as a key management strategy and suggested that combination medical therapies with surgery may be necessary to address the large treatment gap.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/d6845d74-a82e-11f0-81ba-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.