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Summary

TREATMENT OF CROHN'S COMPLEX PERIANAL FISTULAS WITH MICRO-FRAGMENTED AUTOLOGOUS ADIPOSE TISSUE INJECTION: AN ITALIAN MULTICENTER RANDOMIZED CONTROLLED TRIAL (ATTIC)

Antonino Spinelli

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IBD

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A multicentre double-blind RCT (ATTIC) demonstrates that microfragmented adipose tissue injection combined with surgical drainage achieves 57.58% combined remission at 24 weeks in complex perianal Crohn's fistulas refractory to biologics, compared to 18.18% with control (p = 0.0020).

KEY POINTS

- 66 patients with biologic-refractory complex perianal Crohn's disease completed 24-week follow-up after randomization to M-Fat injection (15–20 cc at internal orifice and along tracts) or saline control, both with cone-like fistulectomy.
- Combined remission (clinical healing plus absence of residual collections > 3 mm on MRI) was significantly higher in the M-Fat group (57.58%) versus control (18.18%), p = 0.0020.
- Clinical remission alone was 63.64% in the M-Fat group versus 51.52% in control, with no statistically significant difference (p > 0.05).
- No significant differences in recurrence rate, complication rate, or number of adverse events were observed between groups.
- M-Fat is processed with enzyme-free technology in the same surgical session, can be performed in day-surgery setting, and is minimally invasive with less risk of sphincteric damage.
- The speaker suggested future research may position this approach as first-line therapy rather than rescue therapy.

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