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Summary

Management of pouchitis and Crohn’s disease of the pouch

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Small Intestine & Nutrition | Surgery | IBD

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The speaker reviewed management of pouchitis and Crohn's disease of the pouch, emphasizing that chronic antibiotic-refractory disease involves multiple mechanisms including ischemia, autoimmunity, and surgical factors, and requires a stepwise approach from antibiotics to biologics to JAK inhibitors.

KEY POINTS

- The speaker stated that approximately 7% of patients who undergo surgery for ulcerative colitis later develop Crohn's disease or Crohn's disease-like condition of the pouch.
- The speaker reported that the first major randomized controlled trial of vedolizumab for antibiotic-dependent or antibiotic-refractory pouchitis showed an advantage with a delta around 20 and a number needed to treat around 5.
- The speaker stated that in his practice, JAK inhibitors have a response rate of about 20 to 30% for chronic Crohn's disease-like condition of the pouch or chronic pouchitis, and he typically uses them as second- or third-line therapy after vedolizumab.
- The speaker emphasized that pouch vaginal fistula etiology must be determined before repair, noting that Crohn's disease-associated fistulas have an 80 to 90% failure rate if repair is attempted, with the hole becoming bigger.
- The speaker stated that stapled anastomosis without mucosectomy, leaving a 1 to 2 cm cuff, reduces the risk of vaginal fistula compared to mucosectomy, and reported that in a series of over 30 patients with vaginal fistula, 24 had undergone mucosectomy.
- The speaker recommended considering hyperbaric oxygen therapy for patients with an ischemic pattern of the pouch, whether Crohn's disease or chronic pouchitis, and noted that oral vancomycin can be used for chronic pouchitis even without C. diff or PSC.

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