gutflix
GI learning, personalised

Summary

RANDOMIZED CONTROLLED TRIAL COMPARING ENDOSCOPIC BALLOON DILATION VERSUS ENDOSCOPIC STRICTUROTOMY FOR SHORT STRICTURES (< 3 CM) RELATED TO CROHN'S DISEASE (THE BEST-CD TRIAL) (NCT05521867)

D. Nageshwar Reddy

UEG Week Berlin 2025 | Presentation

Endoscopy | Radiology & Imaging | IBD

October 5, 2025

In this single-center randomized controlled trial of 69 Crohn's disease patients with short strictures, endoscopic stricturotomy significantly reduced clinical recurrence at one year compared to endoscopic balloon dilation (23.5% vs. 48.6%, OR 0.343, p=0.026) with similar safety profiles.

KEY POINTS

- Endoscopic stricturotomy demonstrated significantly lower re-intervention rates compared to balloon dilation (8.8% vs. 25.7%, OR 0.337, p=0.025) and fewer stricture-related hospitalizations (8.8% vs. 25.7%, OR 0.276, p=0.023).
- Technical success was similar between groups (94.1% for stricturotomy vs. 91.4% for balloon dilation), and adverse event rates did not differ significantly (14.7% vs. 25.7%, p=0.45).
- Surgery rates were numerically lower with stricturotomy (5.9% vs. 11.4%) but the difference was not statistically significant (p=0.581).
- Balloon dilation and longer stricture length were independent predictors of both clinical recurrence and re-intervention on multivariate analysis.
- The trial enrolled adults aged 18–65 with symptomatic fibrotic or mixed short strictures (<3 cm) accessible by standard endoscopy, including both de novo and anastomotic types.
- This is an interim analysis of the first randomized trial directly comparing these two techniques for short Crohn's disease strictures; the authors conclude stricturotomy may be a superior first-line endoscopic strategy in selected patients.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/c443a2fc-a813-11f0-839b-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.