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Summary

Newly diagnosed Crohn’s disease

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Colorectal | Surgery | IBD

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The speaker presented ten common mistakes in newly diagnosed Crohn's disease, emphasizing that early diagnosis and effective treatment represent a critical window of opportunity to modify disease natural history and prevent irreversible bowel damage.

KEY POINTS

- The speaker stated that early Crohn's disease represents a window of opportunity to modify natural history, but delayed diagnosis allows persistent inflammation to cause cumulative, irreversible bowel damage not addressable with medical therapy.
- The speaker reported that 36% of patients meet malnutrition criteria at diagnosis and 78% have more than one micronutrient deficiency, emphasizing that nutritional assessment and diet (exclusive enteral nutrition, Mediterranean diet, Crohn's disease exclusion diet) should be integrated into management.
- The speaker stated that mesalazine is not effective for active Crohn's disease and repeated steroid courses are not maintenance therapy, and that delaying effective therapy with traditional step-up approaches allows persistent inflammation in patients with poor prognostic factors.
- The speaker reported that the Profile trial achieved 80% sustained remission (steroid-free, surgery-free) with effective therapy close to diagnosis, breaking the prior therapeutic ceiling of 30-40% remission rates and demonstrating the importance of early treatment timing.
- The speaker emphasized that complete diagnosis requires ileocolonoscopy with terminal ileum intubation and adequate biopsies, proactive screening for extra-intestinal manifestations (joints, eyes, skin, hepatobiliary system), and assessment for perianal and proximal GI disease.
- The speaker stated that monitoring should use objective markers (endoscopy, cross-sectional imaging, CRP, faecal calprotectin) rather than symptoms alone, with strategy adjustment if targets are not achieved.

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