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Summary

Stricturing Crohn's disease: Surgery and medical therapy

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Education & Training | IBD | Immunology | Mechanisms & Personalised Medicine | Surgery

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Stricturing Crohn's disease affects 20% of patients at diagnosis and 33% develop progressive bowel damage despite advanced therapies, requiring a patient-tailored approach combining surgical options (strictureplasty or resection) with medical treatment, though evidence for drug therapy in stricturing disease remains limited.

KEY POINTS

- Strictureplasty and surgical resection have comparable recurrence rates of approximately 30% at two years and 50% at five years, with both showing similar septic complication rates of around 5%.
- The speaker stated that postoperative biologic therapy was the only predictive factor for preventing recurrence in multivariate analysis.
- The CREOLE study reported that 65% of patients with symptomatic small bowel strictures treated with adalimumab continued treatment without surgery or dilation at six months, but only one-third remained surgery-free after four years.
- Endoscopic balloon dilation achieves 90% technical success and 70% symptomatic response, though cumulative surgical rates remain high long-term; intensifying anti-inflammatory treatment after dilation may reduce surgical rates.
- No validated criteria exist to differentiate inflammatory from fibrotic strictures on imaging or histopathology, making treatment selection challenging and limiting evidence for medical therapy.
- The speaker emphasized that joint surgeon-gastroenterologist counseling allows surgery to be presented as an alternative rather than failure of medical therapy, improving patient acceptance, and that every colonic stricture must be evaluated for malignancy.

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