

Which advanced therapy should you choose in patients with fistulising Crohn's disease?

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Presentation

IBD

Mechanisms & Personalised Medicine

Surgery

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The speaker reviewed advanced medical therapies for perianal Crohn's fistulas, emphasizing that optimized infliximab remains the cornerstone treatment while newer agents show promise as second- and third-line options.

KEY POINTS

- The speaker stated that patients with perianal fistulizing Crohn's disease have approximately 20% higher infliximab clearance than those with luminal-only disease, and recommended high-dose infliximab induction to achieve target trough levels above 10 micrograms per milliliter in maintenance.
- Post-hoc data from ustekinumab studies showed about 50% complete fistula resolution, while a multicentric retrospective cohort reported approximately 80% response rates for ustekinumab as second- and third-line therapy, though the speaker noted these used loose outcome definitions rather than deep remission.
- A paediatric inception cohort study found that early anti-TNF treatment significantly decreased development of perianal fistulas, especially in newly diagnosed patients with nonpenetrating perianal lesions such as skin tags, ulcers, or fissures.
- The speaker stated that subcutaneous infliximab maintained remission with very low risk of fistula re-opening in patients already in remission, though no established cut-off values exist and interpretation differs from IV infliximab.
- A French prospective cohort reported about 25% complete radiological remission with dual advanced therapy, but the speaker noted most patients also underwent additional surgical closure of the fistula tract.

- In the Q&A, the speaker described the concept of biological downstaging—using medical treatment to calm the hostile perianal environment and make fistulas amenable to surgical closure—and emphasized the importance of acting during the initial window before disease progression.

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