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Summary

BASELINE MRI WALL RECTAL THICKENING AS A PREDICTOR OF THERAPEUTIC FAILURE IN COMPLEX PERIANAL FISTULIZING CROHN'S DISEASE

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In perianal fistulizing Crohn's disease, baseline MRI-detected rectal wall thickening independently predicts secondary loss of response to anti-TNF-alpha therapy and reduced recurrence-free survival.

KEY POINTS

- In a longitudinal study of 80 anti-TNF-naïve PFCD patients who achieved initial response or remission, MRI-detected rectal wall thickening (>3 mm) was present in 61.3% and independently associated with increased odds of secondary loss of response (OR = 6.35, p = 0.002).
- Patients without MRI-defined rectal thickening had significantly higher recurrence-free survival at 12, 36, and 60 months (86%, 72%, 57%) compared to those with thickening (57%, 35%, 28%; p < 0.001).
- Endoscopic assessment of rectal involvement (mucosal inflammation or ulceration) did not show a significant association with secondary loss of response, unlike MRI findings.
- The authors conclude that MRI should be integrated into early disease assessment to identify high-risk PFCD patients who may benefit from intensified therapy and close monitoring.
- This study is relevant for gastroenterologists managing complex perianal fistulizing Crohn's disease and considering anti-TNF-alpha therapy initiation.

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