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Summary

# RADIOLOGICAL REMISSION IN PERIANAL FISTULIZING CROHN'S DISEASE: BASELINE MRI PREDICTORS AND IMPACT ON CLINICAL OUTCOMES

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UEG Week Berlin 2025 | Presentation

IBD

October 6, 2025

**In complex perianal fistulizing Crohn's disease treated with anti-TNF agents, deep remission was achieved in 28.6% of patients, with horseshoe tracts and Van Assche MRI scores above 14 independently predicting failure to achieve radiological remission.**

## KEY POINTS

- Among 80 patients with complex perianal fistulizing Crohn's disease treated with anti-TNF therapy (88.1% infliximab), radiological remission occurred in 24 patients (28.6%) after a mean of 5.8 months to clinical remission.
- Horseshoe-shaped tracts (p=0.013) and Van Assche MRI scores greater than 14 (p=0.027) were independent predictors of failure to achieve radiological remission on multivariate analysis.
- Patients achieving radiological remission had superior recurrence-free survival at 5 years compared to those with clinical remission alone (50.1% versus 23.2%).
- Baseline MRI showed horseshoe tracts in 22.6% of patients, pelvic collections in 16.7%, and a mean Van Assche score of 14.9, with trans-sphincteric fistulas accounting for 65% of cases.
- The findings support Top-Class classification identifying horseshoe fistulas and high Van Assche scores as markers of cases unsuitable for curative repair, where management should focus on symptom control.

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