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Summary

INTRAOPERATIVE AUTOLOGOUS PLATELET-RICH STROMA INJECTION AS ADD-ON TO FISTULA CURETTAGE AND CLOSURE OF THE INTERNAL ORIFICE FOR THE TREATMENT OF PATIENTS WITH THERAPY-REFRACTORY PERIANAL FISTULIZING CROHN'S DISEASE: PILOT DATA CONFIRMED IN A PROSPECTIVE C

Oddeke van Ruler

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Paediatrics | Small Intestine & Nutrition | IBD | Gut Microbiota

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Autologous platelet-rich stroma injection as add-on to fistula curettage and internal opening closure achieved 58% complete clinical closure at 12 months in 83 patients with treatment-refractory perianal fistulizing Crohn's disease, validating earlier pilot study results.

KEY POINTS

- Complete clinical closure was achieved in 41% at 3 months and 58% at 12 months, with no significant difference between the pilot cohort (n=25) and post-pilot cohort (n=58).
- Combined clinical closure and radiologic healing (absence of T2-weighted hyperintense signal on MRI) occurred in 32% at median 3.3 months postoperatively.
- Recurrence was reported in 9%, unplanned re-interventions in 18%, and 37% of patients required additional PRS injections to achieve closure.
- The cohort was highly refractory: 95% had prior biological exposure, 94% prior anti-TNF exposure, 95% prior fistula surgery, and 58% had two or more external openings.
- Mean vanAssche index decreased from 9.9 points (SD 3.6) to 5.6 points (SD 4.2) postoperatively.
- The study was a single-arm prospective cohort; the speaker stated in discussion that a randomised controlled trial is needed to compare PRS injection to curettage alone.

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