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Summary

Transmural remission improves clinical outcomes up to 5 years in Crohn's disease

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Podcast Episode

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A multicenter Portuguese retrospective study found that transmural remission in Crohn's disease, defined by both endoscopic and radiologic absence of inflammation, was associated with better clinical outcomes including less hospitalization, surgery, treatment escalation, and steroid use over five years compared to endoscopic or radiologic remission alone.

KEY POINTS

- At five-year follow-up, patients achieving transmural remission had less hospitalization, less surgery, less treatment escalation, and reduced steroid requirements compared to other remission states.
- Radiologic remission was more predictive of complications requiring hospitalization and surgery such as strictures and fistulas, while endoscopic remission was more predictive of steroid need.
- Intermediate targets also provided benefit: radiologic remission alone decreased hospitalization risk and treatment escalation, while endoscopic remission alone reduced steroid use and treatment escalation.
- The study was retrospective and multicenter across Portugal with a maximum six-month interval permitted between colonoscopy and MRI, though most patients had examinations within two months of each other.
- The discussion emphasizes that fewer than 25 percent of patients currently reach transmural remission and suggests intestinal ultrasound and fecal calprotectin as feasible monitoring tools for future treat-to-target strategies.

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