

S023 Can Biologic Therapy Change the Natural History of CD?

*Baldassano R.N.*1*

1Colman Family Chair in Pediatric Inflammatory Bowel Disease, Philadelphia, PA, USA

The natural history of pediatric Crohn's disease (CD) is characterized by recurrent bouts of active disease resulting in a significant impairment in quality of life. The study by Dubner SE, et al. demonstrated significant musculoskeletal deficits in children with CD. These deficits include decreased height velocity, bone mass and muscle mass at diagnosis. These deficits continued despite use of traditional therapies including 5-ASA, glucocorticoids and immunomodulators as first-line therapy, with biologics used after the above therapies have failed. This study suggests that the present approach of traditional, "nonaggressive" treatment is not working in pediatric patients and that the treatment paradigm needs to be changed. Borrelli O, et al. showed that infliximab heals intestinal inflammatory lesions and restores growth in children with CD. Thayu M, et al. study noted improvement in bone density and height after exposure to infliximab, suggesting that some of the unique pediatric problems may be overcome if they are addressed very early. These studies confirm that in children with severe CD infliximab provides rapid clinical improvement, suppresses inflammation, induces mucosal healing and may restore normal growth and development. Many studies of adult patients suffering with CD have shown a decrease in hospitalizations, surgeries, and medical costs and an improved quality of life with the use of biologic therapy. If early use of biologic therapy in pediatrics is superior to traditional therapy in preventing relapses and treating the unique pediatric problems associated with CD, it should be addressed in a large pediatric multicenter trial by evaluating efficacy, cost, and safety.

References:

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