

S021 Induction Therapy: EN, Steroids, Biologicals?

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Although relief of symptoms and restoration of normal growth have constituted traditional treatment goals, mucosal healing has become a realistic target, with new potential, therefore, to offer prevention of disease-related complications. Exclusive enteral nutrition (EEN), corticosteroids, and anti-TNF antibodies currently constitute the three major classes of therapies for inducing clinical remission in Crohn disease (CD). Clinical response to steroids, however, is only infrequently accompanied by mucosal healing. Data concerning EEN and mucosal healing, whilst limited, are more favourable.

Most randomized controlled trials of anti-TNF antibodies document greater clinical remission and response rates with shorter duration of disease. Moreover, data in a small number of adults treated in top-down versus step-up fashion, suggest great subsequent mucosal healing, when anti-TNF therapy is given early rather than later.

Choice must consider not only efficacy, including likelihood of mucosal healing, but also feasibility and safety of long-term maintenance options following successful induction. Individual treatment decisions must consider location and nature of CD, and risk factors for disease progression.

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