S012 Management of Fistulizing Crohn's Disease

*Van Assche G.*1*
1Univiersity of Leuven Hospitals, Leuven, Belgium.

Perianal fistulae are a debilitating complication of Crohn's disease (CD) in both adults and children and are associated with pain, embarrassment and loss of sexual function. More often than in patients without IBD, fistulae in patients with Crohn's disease are complex, recurrent and associated with difficult to treat abscesses. The ideal management of perianal Crohn's disease consists of adequate diagnostic steps including the mapping of fistula tract extension and of rectal disease. In a second stage a long term therapy plan has to be drafted for every individual patient. Most patients benefit from a combined surgical and medical approach. Surgical interventions can be curative for low simple fistulae or in the case of rectal advancement flaps. In addition, drainage of inflamed collections with incision and Seton placement is adjuvant to medical management. Therapies proven to benefit patients with perianal fistulizing Crohn's disease are limited. Grade A evidence for induction and maintenance of disease remission (absence of drainage from all fistula orifices) only exists for the anti TNF agent infliximab. For adalimumab, a dedicated trial in patients with perianal disease has not been performed but controlled evidence of efficacy is available (grade B). Antibiotics are helpful to reduce the local sepsis and associated pain. Thiopurines have demonstrated efficacy in perianal fistulizing CD (grade B) but due to their slow onset of action, they are most useful as maintenance therapy. Oral tacrolimus improves drainage from fistulae but remission is not induced. Whatever drugs or surgical techniques are selected to control perianal CD in a given patient, the emphasis of the orchestrated surgical-medical approach should be on improving long term quality of life with preservation of sphincter function.

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