

S014 Duo step up-top down therapy and mucosal healing: the view of the adult Gastroenterologist

*Vermeire S.*1*

1Gastroenterology, University Hospitals, Leuven, Belgium

As a result of penetrating or stricturing complications, between 75-90% of Crohn's patients (CD) will have to undergo surgery in the course of 20 years following diagnosis and a proportion will need several operations. A major goal of medical therapies in CD therefore should be modification of the clinical course with stopping disease progression avoiding surgeries. As ulcers are at the origin of fistulas and/or perforation, healing the bowel has become more and more an important endpoint. In a population based prospective study from Norway, early healing of the colonic mucosa was shown to be a strong predictor for improved outcome of CD and UC in the long-term as reflected by a reduction in surgical interventions.

If healing is important to prevent disease progression, which drugs should we then use to achieve this? Corticosteroids have been shown not to induce healing and more recent data even suggest that they might negatively impact on healing. Azathioprine and Methotrexate induce mucosal healing but their effect on the natural history of the disease and need for surgery remains unknown. With infliximab, rapid healing has been observed and was associated with less hospitalisations, surgeries and ICU stay. Recent data from the SONIC study suggest that the best healing rates are achieved with the combination of an immunomodulator with infliximab, hence opting for a top down approach. Long term follow up of these patients will learn if this also translates into an altered outcome of disease.

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