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Case Discussion

Moheb Boktor, MD, FACG, AGAF, FACP
Associate Professor of Medicine
Associate Program Director Gastroenterology Fellowship
Director of Inflammatory Bowel Diseases Fellowship
Division of Digestive & Liver Diseases
University of Texas Southwestern medical center

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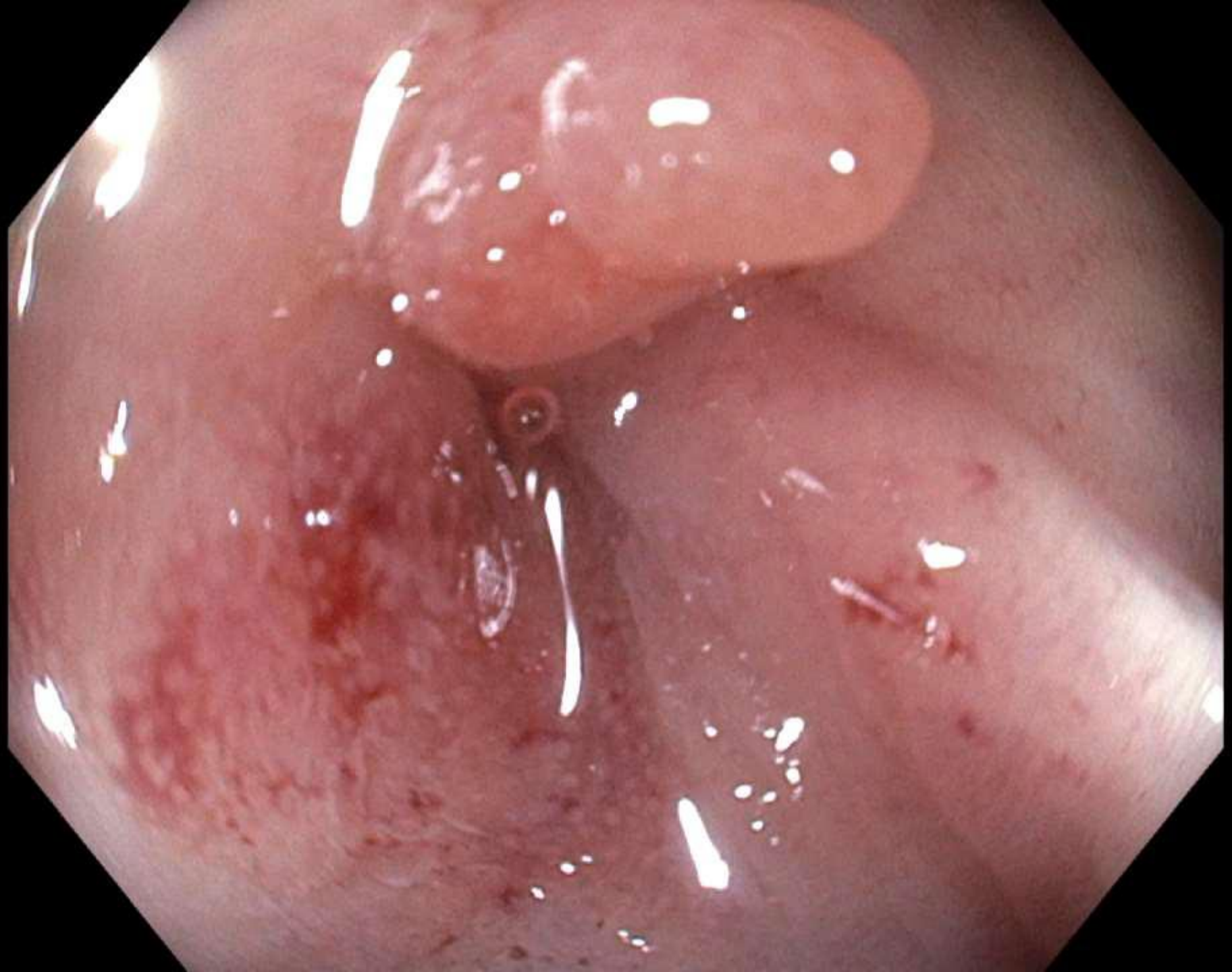
- 64 y/o Lady who went for screening colonoscopy. Colonoscopy revealed ICV stenosis, inflammation in the cecum. TI wasn't traversed. Biopsies from the cecum revealed chronic active inflammation.
- She was then traveled to out of town the next day. Two days after her colonoscopy she started to have abdominal pain, bloating, obstipation. She went to ED, CT scan revealed TI stricture with possible fistula, picture of small bowel obstruction.
- She was treated with NGT, Bowel rest, IVF.
- She was referred to me for a second opinion.



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What are the types of strictures?

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- What are types of strictures?

1. Inflammatory
2. Fibrostenotic
3. Inflammatory and Fibro-stenotic

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What is the management plan would you discuss with this patient?

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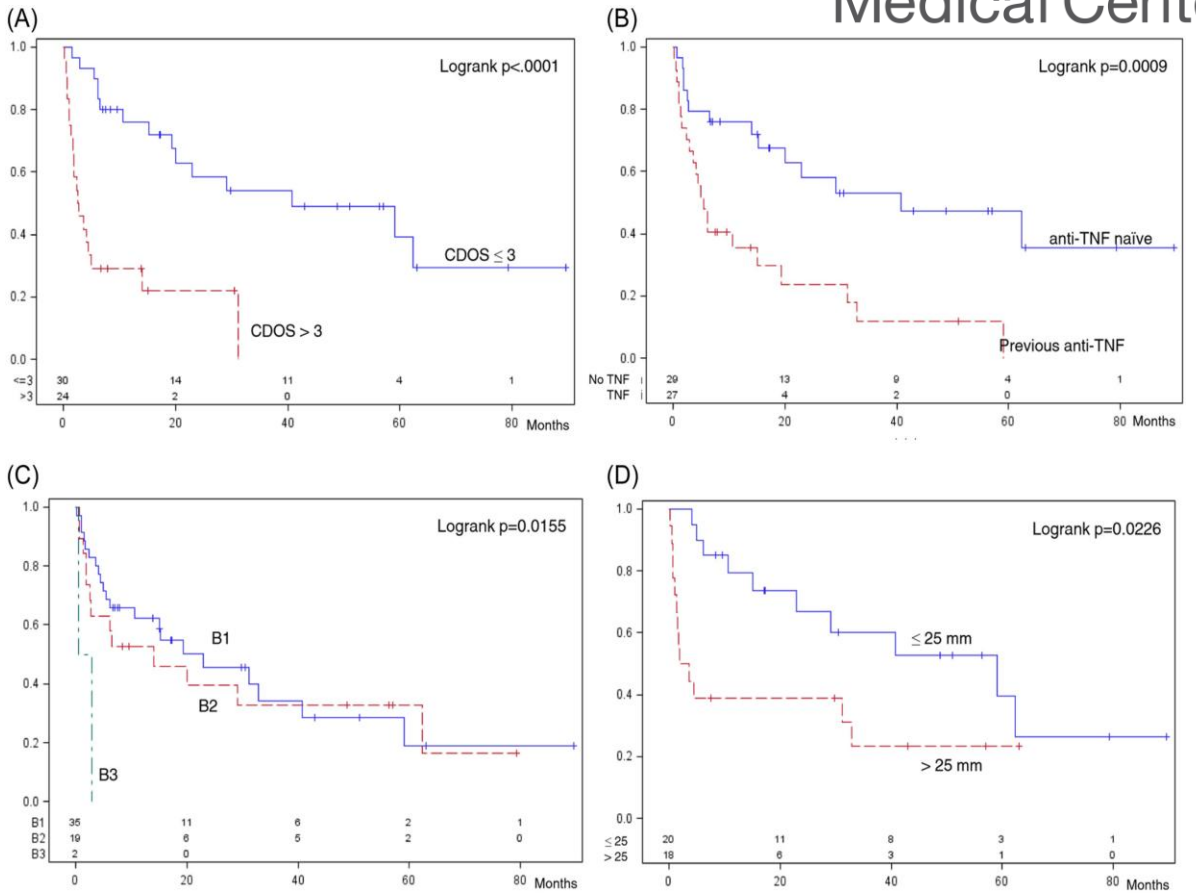
Management

- Disease staging:
  - Lab work, inflammatory markers
  - MRE
  - Colonoscopy with biopsies with attempt to intubate TI
  - Intestinal Ultrasound
- Treatment
  - Medical
  - Surgical
  - Both

CREOLE
ADA in Stricturing Crohn's disease

- Multicenter – Observational – Open label study (N=97)
- Patient with Cron's disease single/multiple small bowel strictures (endoscopy/radiography) and duration of obstructive symptoms <8weeks
- Open-Label ADA (+/- immuesuppressant, taper down prednisone)
- Comparator: nil
- Primary outcome: ADA continuation, with no dilation, surgery, steroids, or severe adverse events or study withdrawals
- Limitations: Uncontrolled, open label, Obstructive symptoms graded with CDOS



- **At wk 24, 64% of patients achieved primary outcome**
- **~ 30% of entire cohort had prolonged success at 4 years**
- **~ 50% of entire cohort didn't require surgery at 4 years**

Bouhnik Y, GETAID CREOLE Study Group. Gut. 2018 Jan

STRIDENT Trial
ADA in Stricturing Crohn's disease

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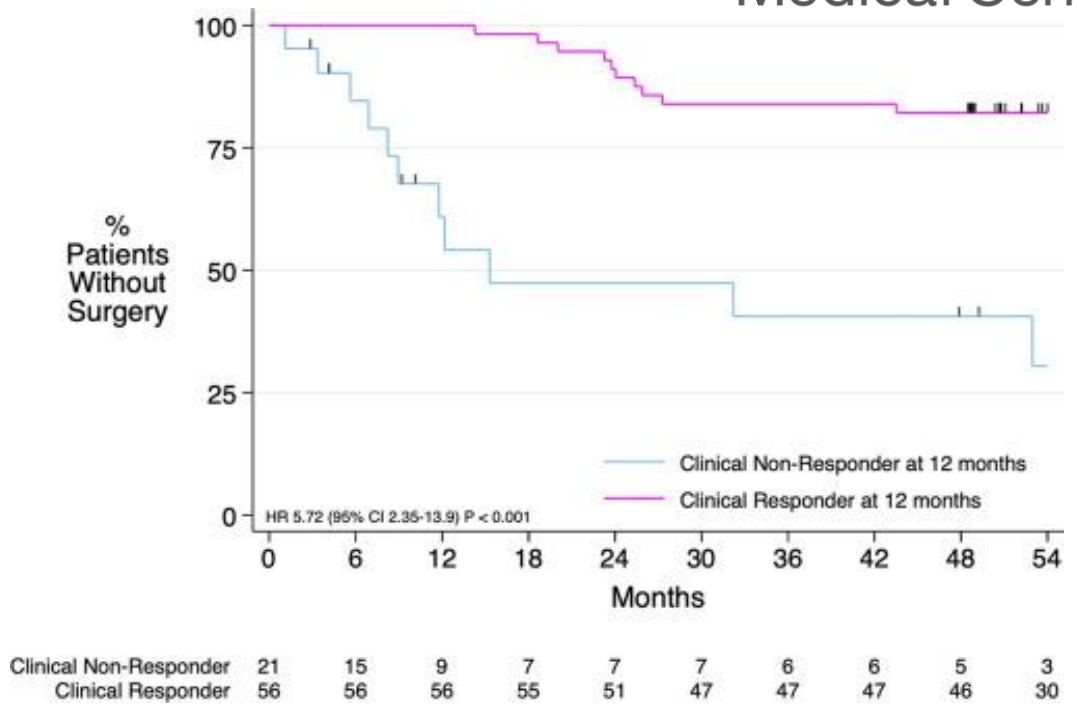
- RCT, 2:1 of symptomatic Crohn's disease strictures (N=64), open-label, single center.
- First group: High-dose adalimumab induction followed by 40 mg plus thiopurine, with dose increase at 4 and/or 8 months if evidence of persisting inflammation.
- Second group: Standard ADA dosing.
- Primary outcome: Clinical responders had a lower rate of surgical resection compared with nonresponders (20% vs 52%; *P* < .001) followed for 4 years after first 12 months.



Long-term surgery-free survival according to 12-month clinical response

Lovett GC et al, Clin Gastroenterol Hepatol. 2025 Sep

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What surgery would you offer this patient?

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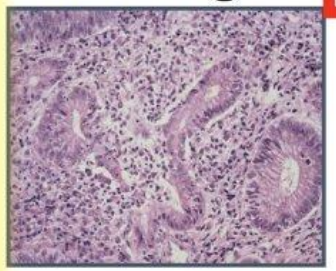
What is post-operative management?

The Natural Course of Postop CD

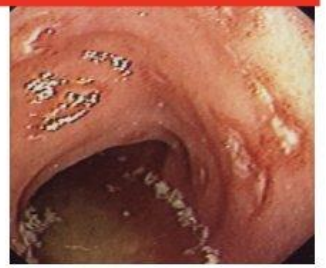
Recurrence is clinically silent initially

Histologic



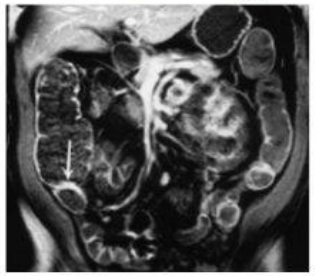
Within 1 week

Endoscopic



70-90% by 1 yr

Radiologic

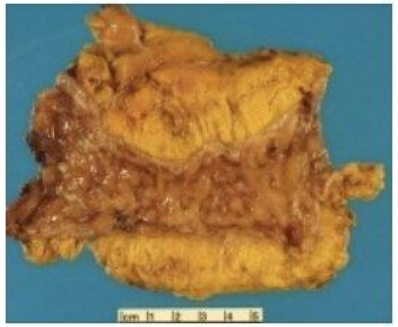


Tissue damage

Clinical

30% 3 yr
60% 5 yr

Surgical

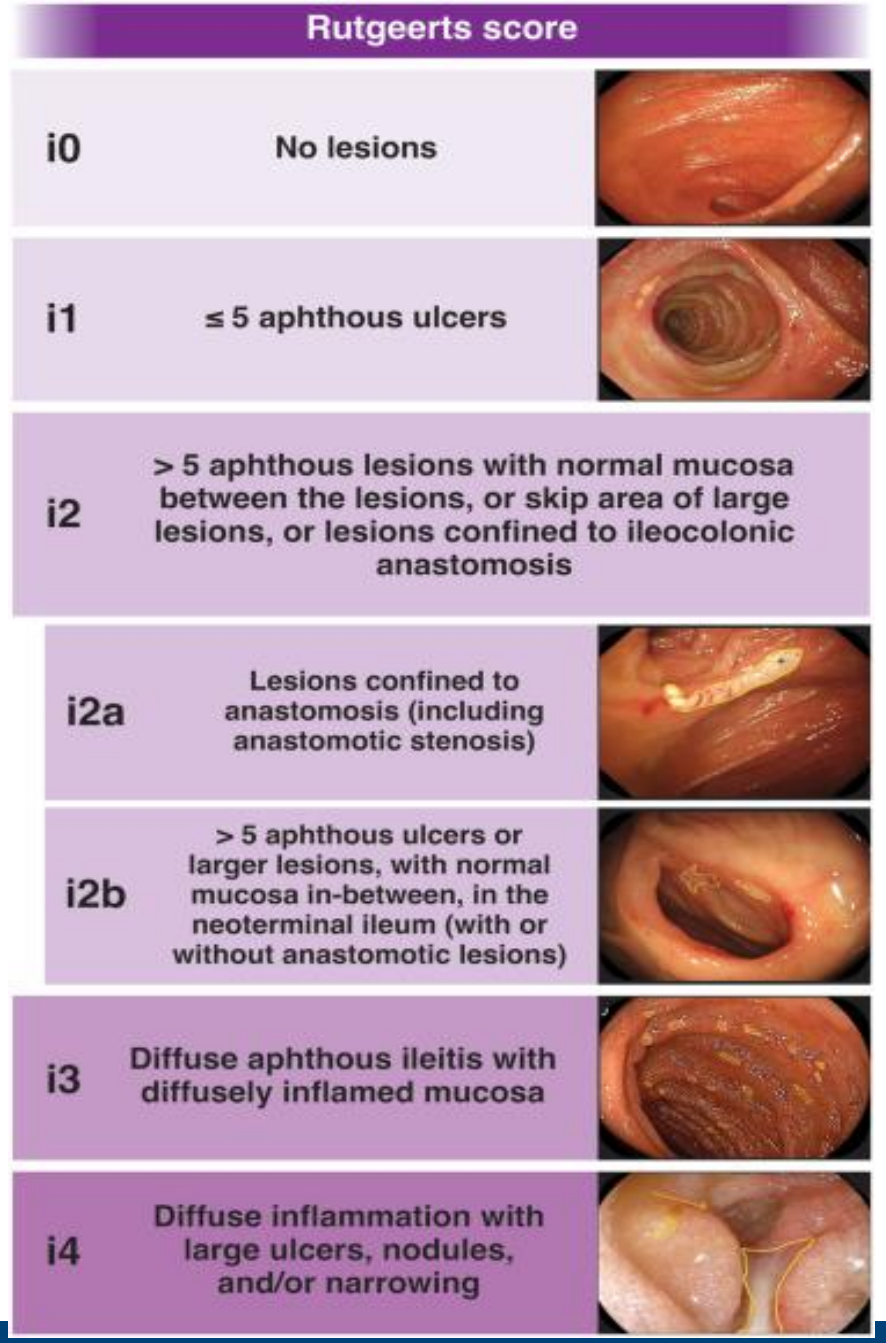


50% by 5 yrs

D'Haens GR, et al. *Gastroenterology*. 1998;114(2):262-267. Olaison G, et al. *Gut*. 1992;33(3):331-335. Rutgeerts P, et al. *Gastroenterology*. 1990;99(4):956-963. Sachar DB. *Med Clin North Am*. 1990;74(1):183-188.

MODIFIED RUTGEERTS SCORE

i2a anastomosis
I2b before anastomosis



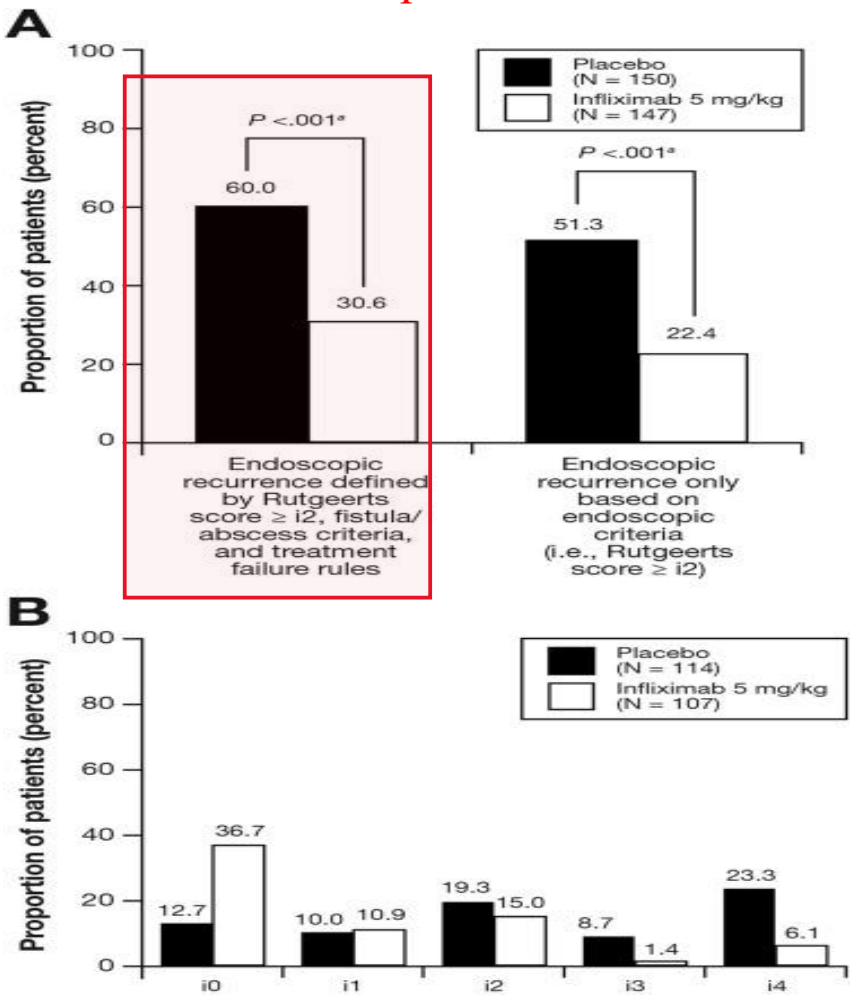
Buchner et al, CGH 2024

INFLIXIMAB IN POST OPERATIVE CROHN'S DISEASE

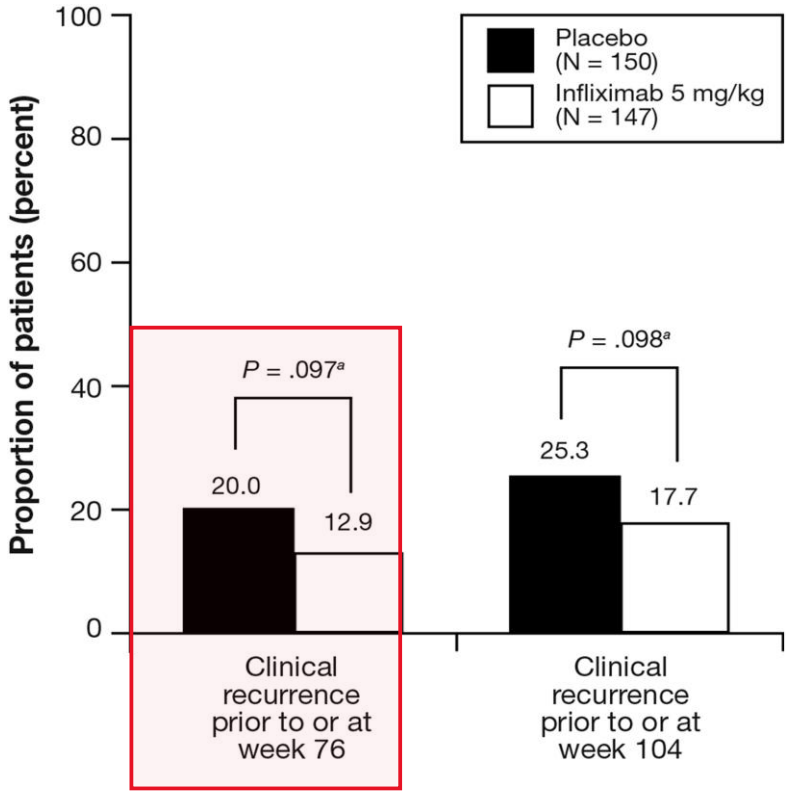
PREVENT Study

- RCT comparing IFX vs placebo
- 297 patients: Patients were randomly assigned (1:1) to groups given infliximab (5 mg/kg) or placebo every 8 weeks for 200 weeks
- <u>Infliximab reduces endoscopic, but not clinical recurrence, post-operative</u>
- No induction or Therapeutic drug monitoring

Secondary end point:
Endoscopic recurrence



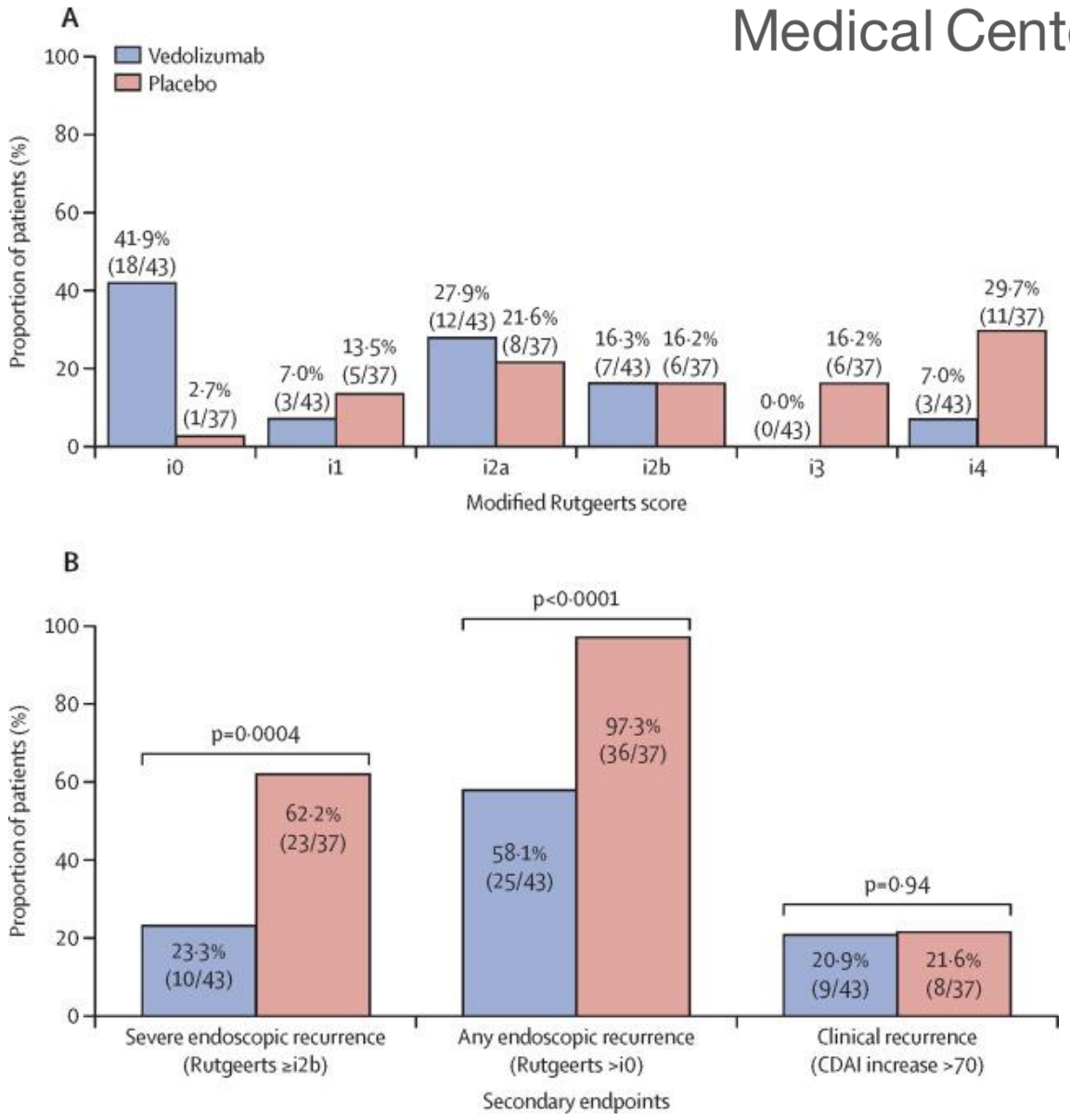
Primary end point:
Clinical recurrence



Regueiro M Gastroenterology. 2016 Jun

REPERIVO Study VDZ in Postoperative CD

- RCT – Double blinded
- Patient were randomly assigned, 1:1 ratio, within 4-weeks post-operative to either receive VDZ 300mg IV or Placebo at week 0,8,16,24
- No induction
- <u>VDZ reduces endoscopic, but not clinical recurrence, post-operative</u>



D'Haens G, Lancet Gastroenterol Hepatol. 2025 Jan

THANK YOU