Case

NEW ONSET ILEOCECAL CROHN`S DISEASE

Maria Mylonaki

Nicea, Greece

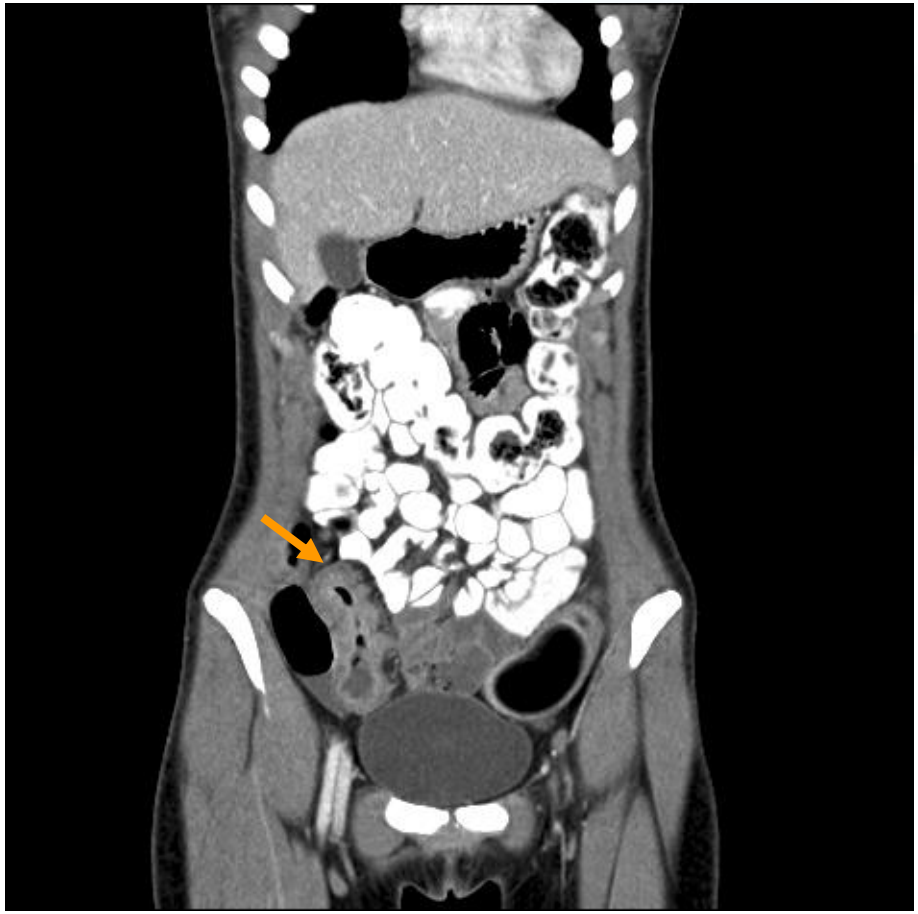
18 yr old student LRQ pain and abdominal cramps

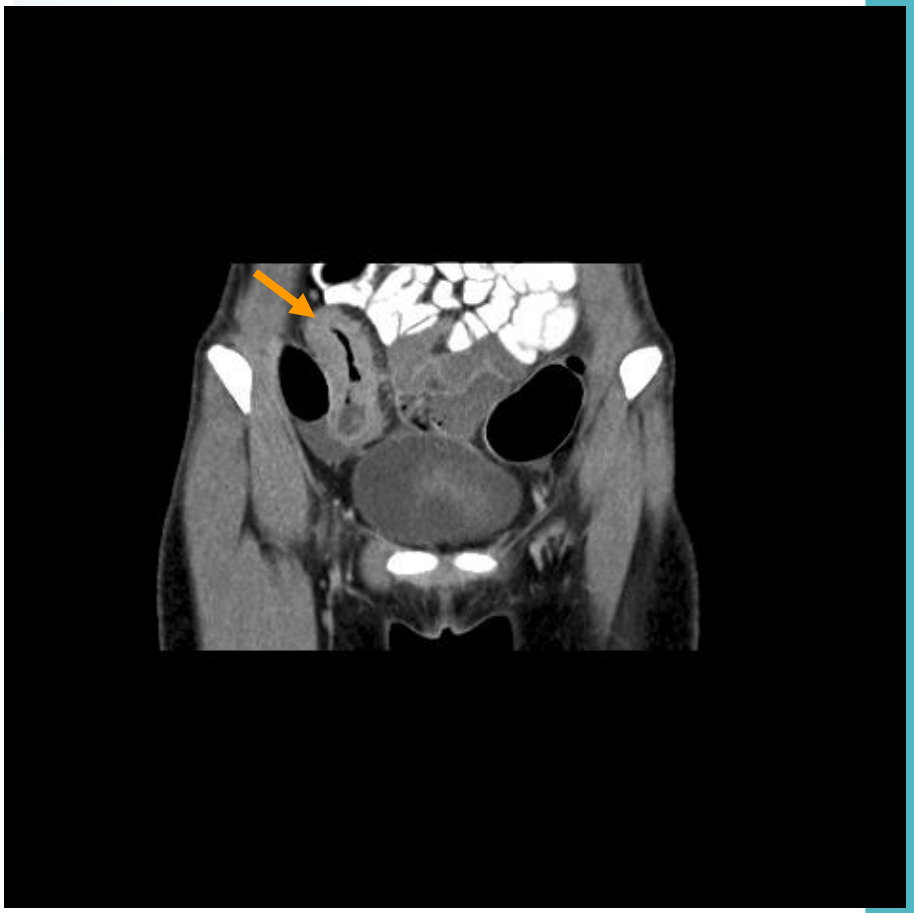
Jan 2007: 18 yr. old female student presents to the ER with right lower quadrant abdominal pain, no change in stools
Pain onset Dec 2006, diagnosed as IBS seconday to stress in exams
Two days prior to admission: sudden increase of the pain, same location.
Temp: 37.5 °C,
Rebound tenderness in the RLQ, questionable mass

Past history: Age 10 constipation, anal fissures, responding well to laxatives.
Normal puberty, length around P50, parents both P75.

Lab results: CRP 54 mg/L, neutrophiles: 11.9 10^9/L, Hb 11.3, Tf Sat 4%, Ferritin: normal, serum albumin: 41.9 g/dL

18 yr old student LRQ pain and abdominal cramps

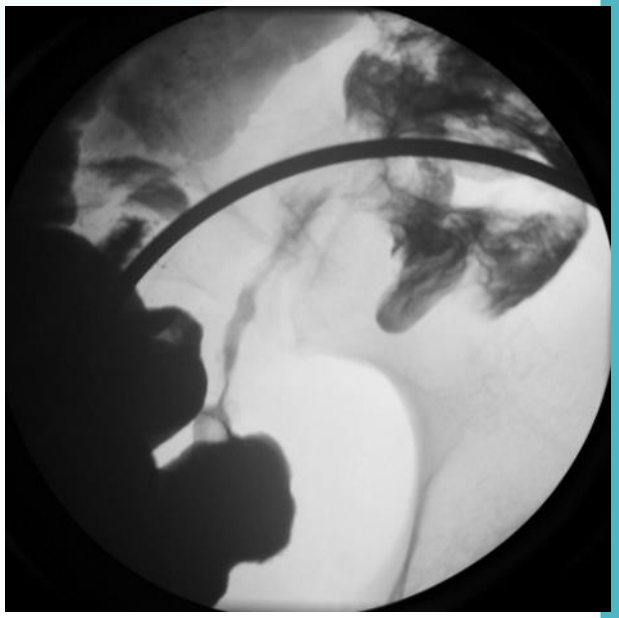




Initial management?

a. Start broad spectrum antibiotics and observe
b. Start 5-ASA 4 g/d and observe
c. Start Budesonide 9 mg/d and observe
d. Start prednisolone 40 mg/d and observe
e. Start infliximab 5 mg/kg IV and observe
f. Start azathioprine 2.5 mg.kg and observe
g. Schedule ileocolonoscopy before initiating treatment
h. Refer for ileocecal resection
i. Other

Ileocolonoscopy: normal left colon; cecal ulcers with sharp
demarcation to normal ascending colon. Ulcerated and stenotic ileum and ileocecal valve.



No NSAID use

Biopsies:
- Ileum and cecum: chronic inflammation, compatible with IBD
- Left colon: mixed infiltrate, no architectural changes
  No granulomata.

Management?

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Treatment of moderately active ileocecal disease

ECCO

ECCO Statement 5B

Moderately active, localised ileocaecal Crohn's disease should preferably be treated with budesonide 9 mg per day [EL1a, RG A], or with systemic corticosteroids [EL1a, RG A]. Antibiotics can be added if septic complications are suspected [EL5, RG D]

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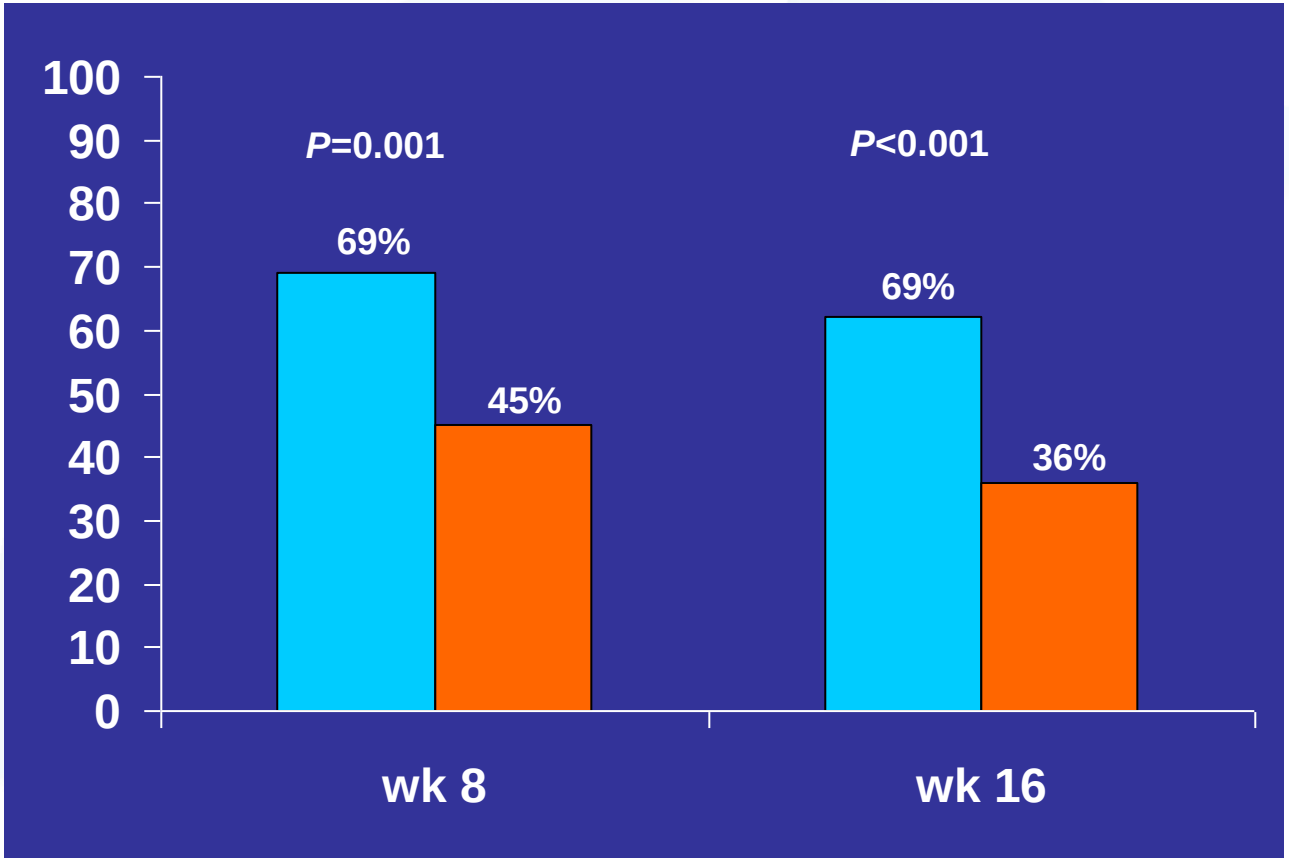
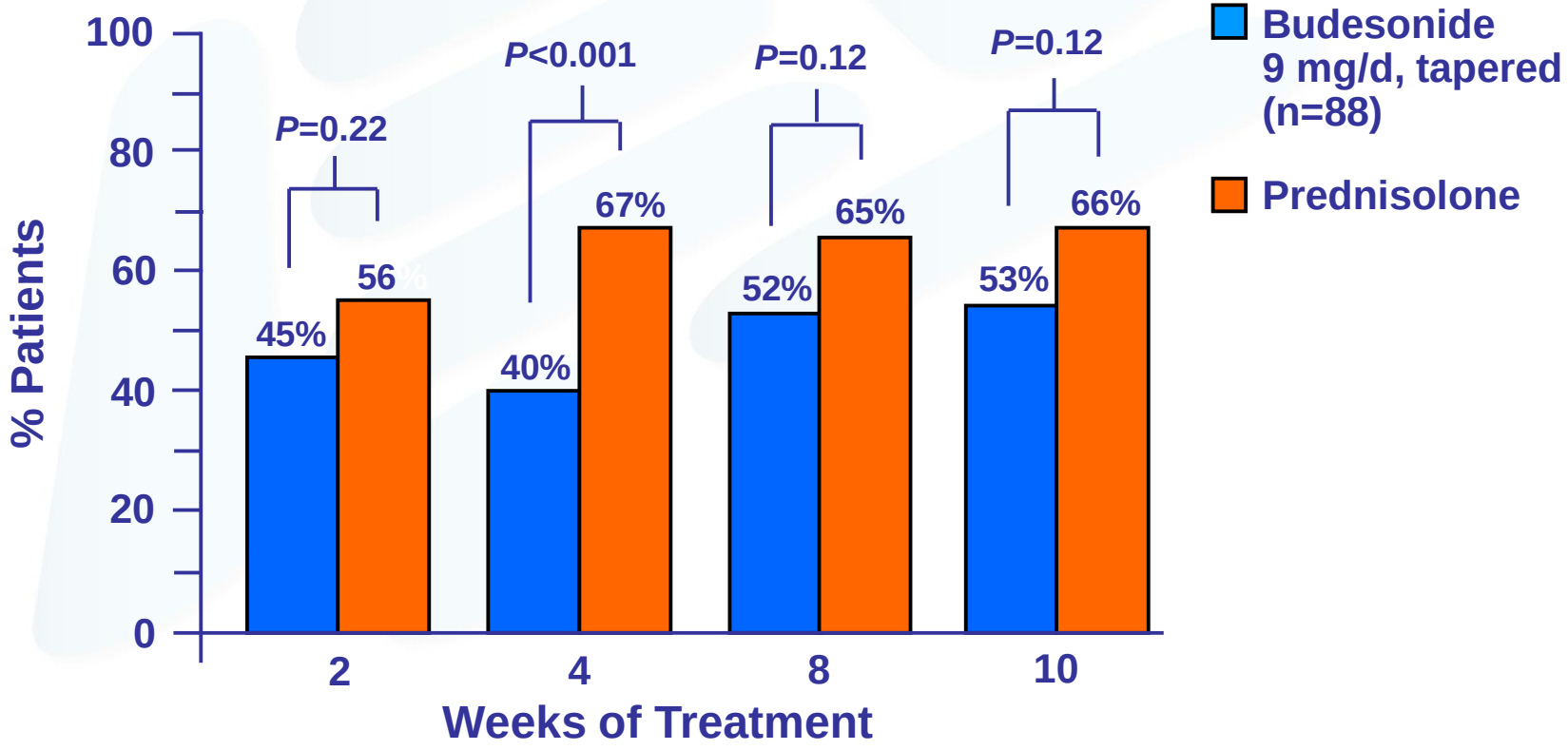
Budesonide vs. 5-ASA: Clinical Remission*



*CDAI score <150
N= 182

Thomsen et al. *N Engl J Med*. 1998;339:370.

Conventional Steroids vs. Budesonide: Clinical Remission*



*CDAI score <150

Adapted with permission from Rutgeerts P et al. *N Engl J Med*. 1994;331:842.

Antibiotics in ileocaecal CD?

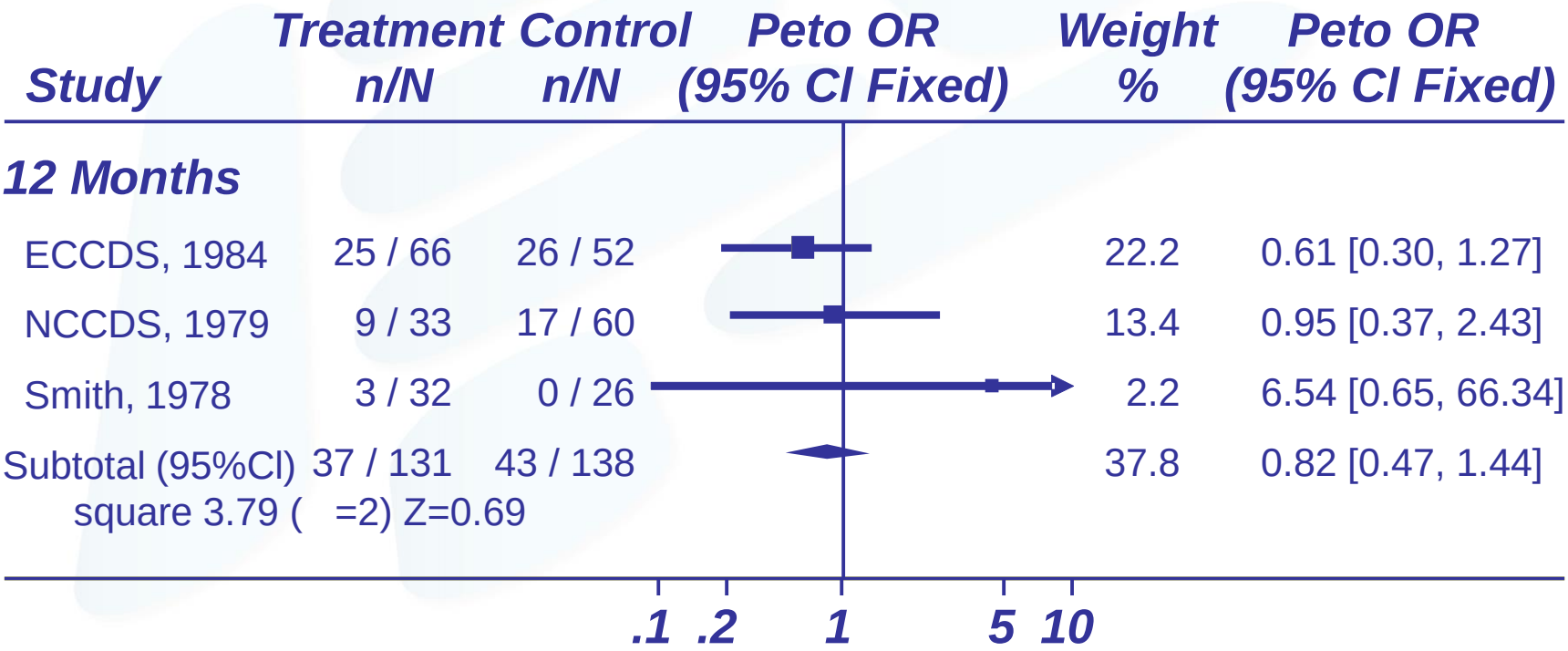
Metronidazole 500 mg 3x/d not superior to placebo (Sutherland 1991)

Ciprofloxacin 1 g equivalent to 5-ASA 4g at 4 weeks (Colombel 1999)

Ciprofloxacin + Metronidazole; no added benefit over budesonide (Steinhart 2002).

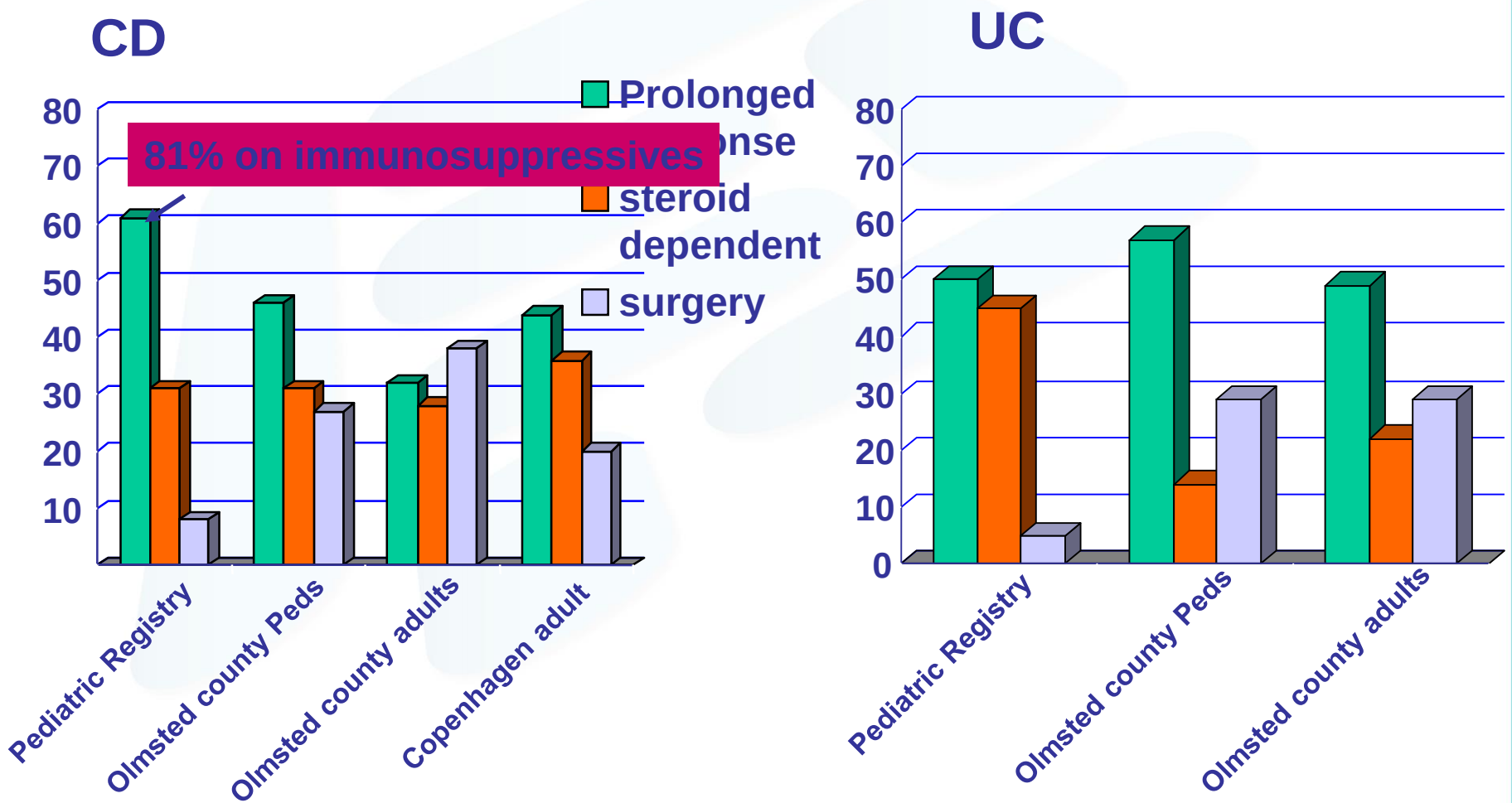
Antibiotics mainly indicated to treat associated septic complications

Conventional Steroids as Maintenance Therapy for Crohn's disease



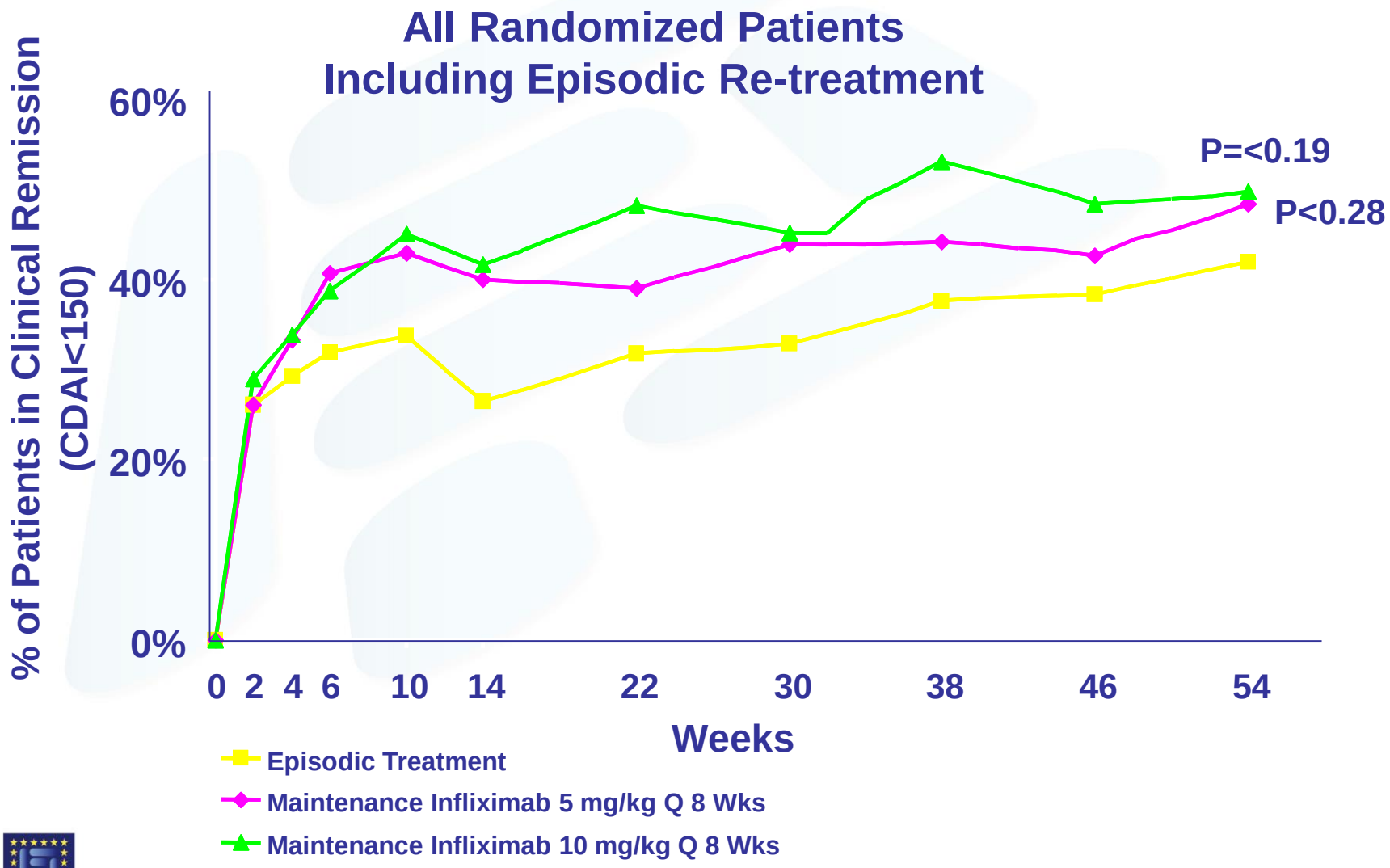
Steinhart AH et al. The Cochrane Library, issue 3, 2000.

Steroids in IBD: one year outcome

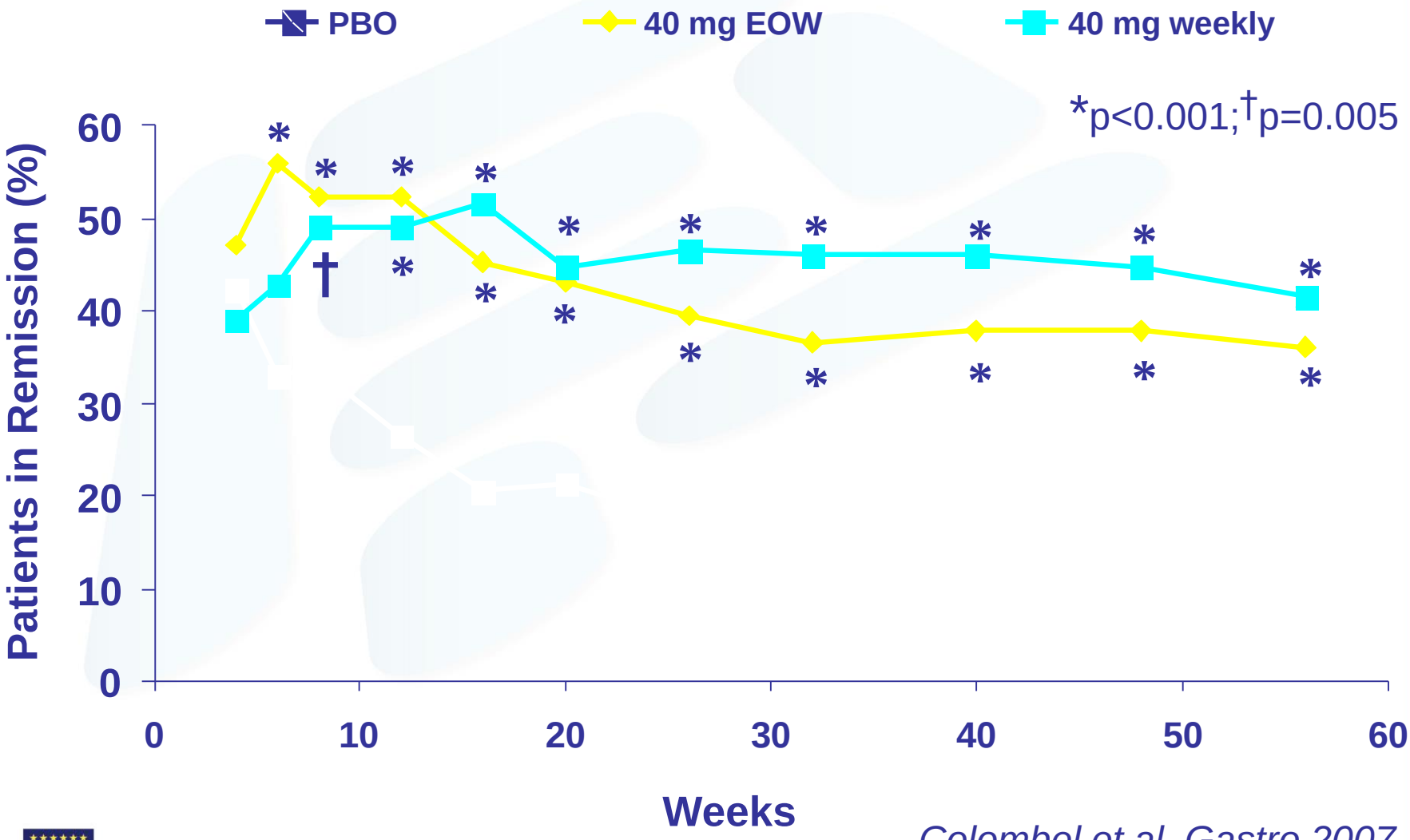


Markowitz et al. 2006, Hyams et al 2006, Faubion et al 2001, Tung et al 2001, Munkholm et al. 1994 Faubion 2006

Infliximab Treatment is Effective at Maintaining Clinical Remission

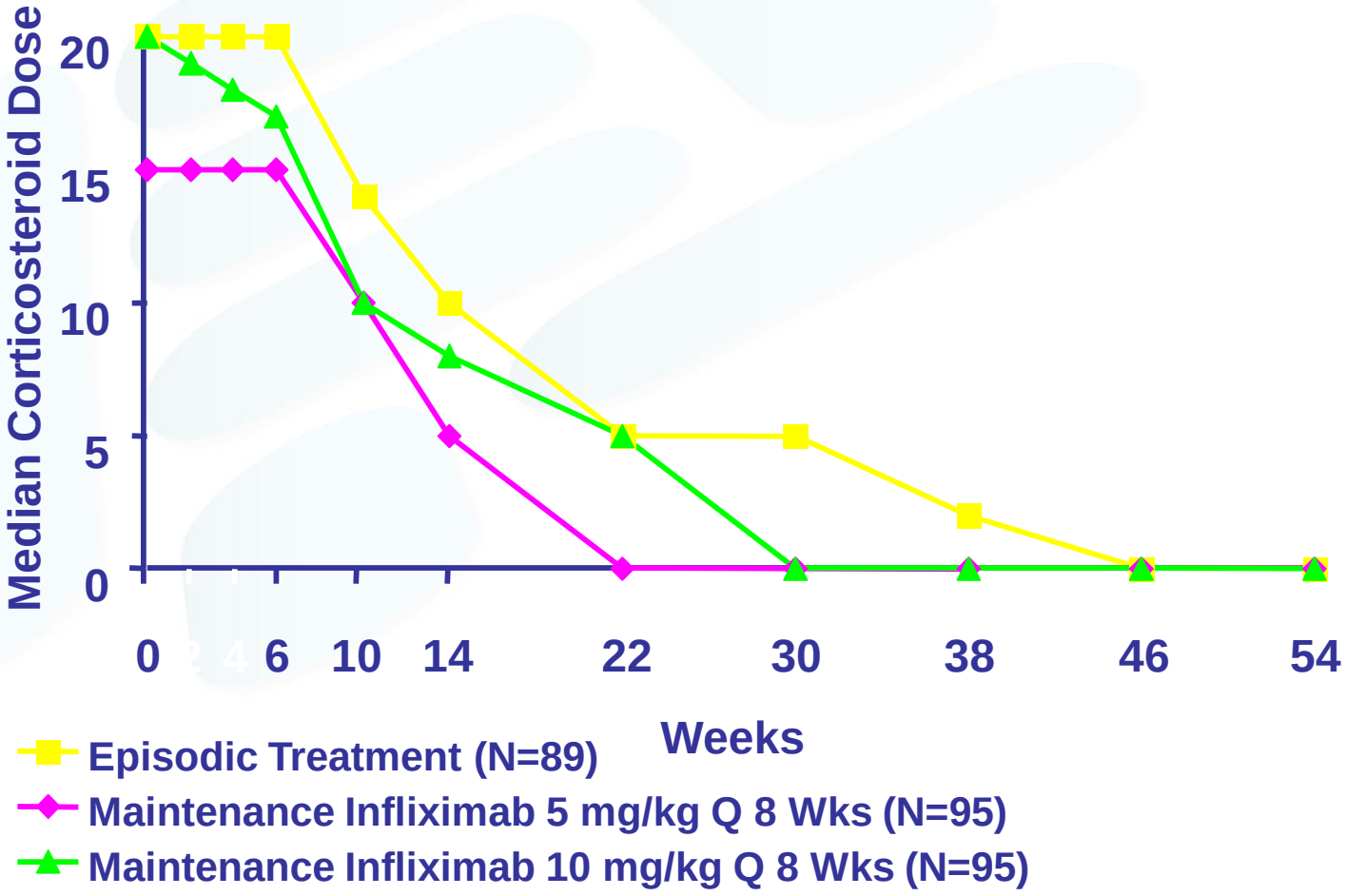


Clinical Remission Over Time Randomized Responders



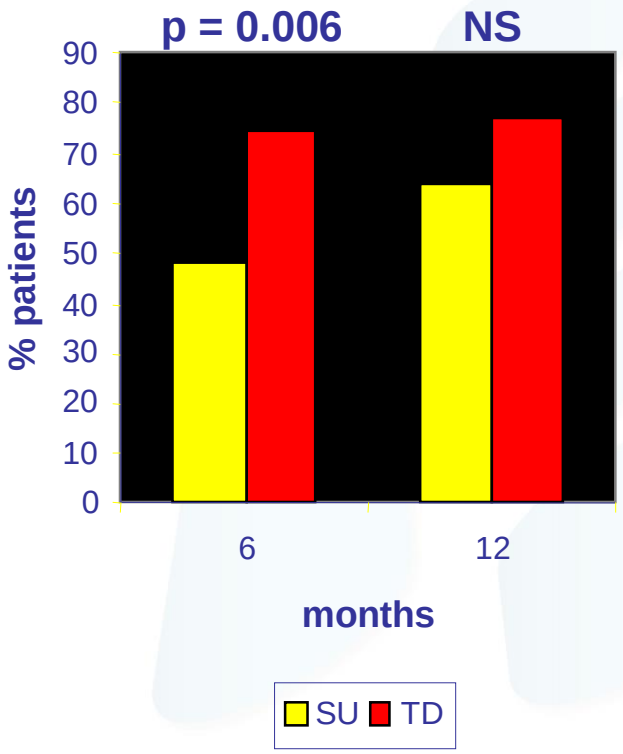
Colombel et al. Gastro 2007

Average Daily Corticosteroid Dose Through Week 54

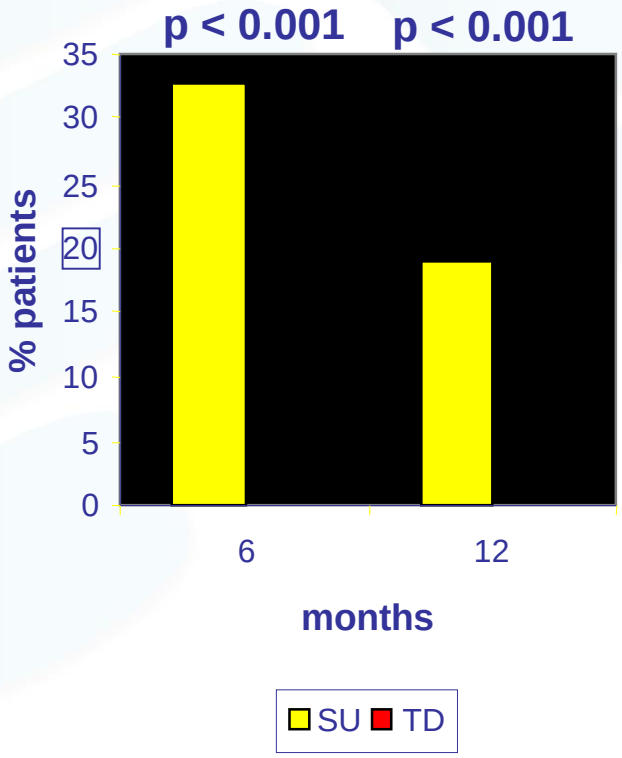


The Step-Up/top-Down Study

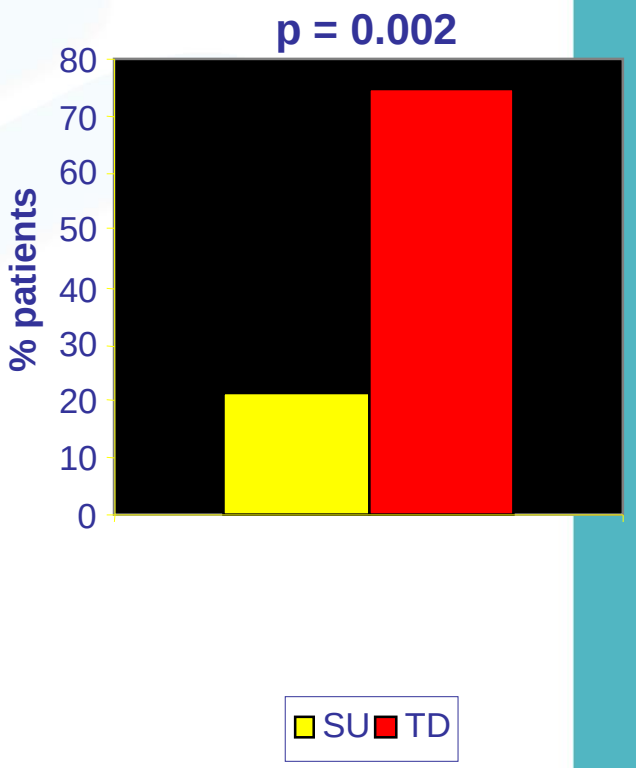
Remission off steroids



Patients on Steroids

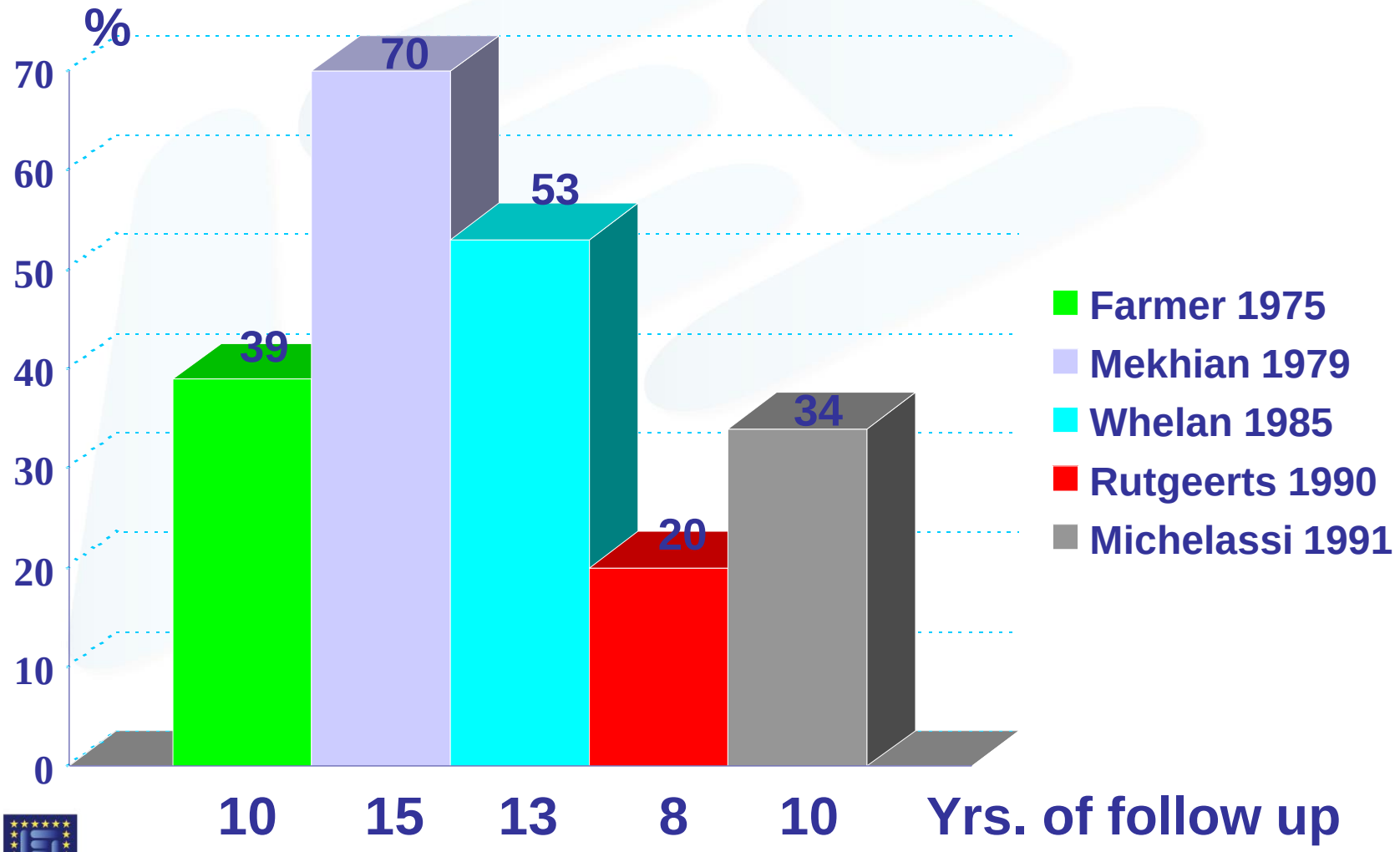


No ulcers after 2 years



D Hommes and G D'Haens DDW 2005,

Re-operation rates for ileocolonic disease



Infammatory Bowel Diseases 2009

CCH Congress Center Hamburg, Germany
February 5 – 7, 2009

See you in Hamburg 2009!

www.ecco-ibd.eu

ECCO

4th Congress of ECCO – the European Crohn's and Colitis Organisation