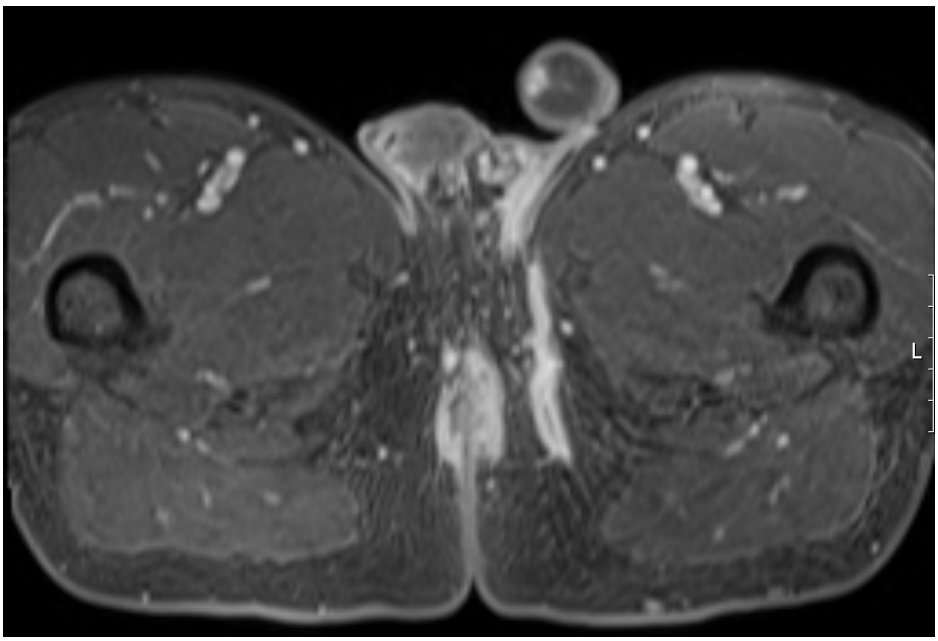
Question 41 – June 13

An 18 year old man with a diagnosis of perianal Crohn's disease, currently on metronidazole and ciprofloxacin, presents with increased perianal pain and discharge, increased stool frequency, and subjective fevers for the past week. An abdominal MRI is performed as shown:



An exam under anesthesia is performed and the perianal abscesses were drained. A non-cutting seton was placed. What is the next best step in management?

A. Resume antibiotics and plan for diverting colostomy
B. Initiate high-dose corticosteroids
C. Initiate infliximab
D. Initiate cyclosporine
E. Initiate azathioprine

Answer: C

This patient has complex perianal fistulizing Crohn's disease and is at high-risk for a complicated course. After the abscess has been adequate treated, aggressive medical therapy with a biologic (and possibly a concomitant immunomodulator) should be pursued (Choice C). Surgery may ultimately be needed, but would not be the first step in this patient (Choice A). High-dose corticosteroids are not recommended in the treatment of perianal Crohn's disease, nor is cyclosporine (Choices B and D). No trials have examined azathioprine or 6-mercaptorpuine in improving perianal disease as a primary endpoint (Choice E). A meta-analysis of trials evaluating luminal disease demonstrated an odds ratio for fistula closure of 4.44, although monotherapy is not recommended due to delay in medication onset.

References:

Pearson DC et al. Azathiprine and 6-mercaptopurine in Crohn disease. Ann Intern Med, 1995 Jul 15;123(2): 132-42.

Bouguen G et al. Treat to Target: A Proposed New Paradigm for the Management of Crohn's Disease. Clin Gastro and Hepatol, 2013.