

Question 34 – March 24

A 28 year old smoker with worsening fistulizing Crohn's disease undergoes ileocecal resection. Two months post-operatively she starts treatment with infliximab and is maintained on 5 mg/kg every 8 weeks plus azathioprine. The patient continues to smoke but remains clinically asymptomatic. A year after surgery, colonoscopy is performed (see photo). Anti-infliximab antibody and infliximab serum levels are both low. What would be the next step in her treatment?

- A. Add metronidazole
- B. Switch to adalimumab
- C. Add methotrexate
- D. Infliximab 5 mg/kg every 4 weeks

Answer: D

The patient has post-operative recurrence of Crohn's disease, Rutgeerts score of i2 (see photo). Given that levels of ATI and infliximab are low, raising the dose of infliximab or shortening the interval of infliximab therapy is the best course of action.

References:

1. Regueiro M, Schraut W, et al. Infliximab prevents Crohn's disease recurrence after ileal resection. *Gastroenterology* 2009; 136:441.