

T1305 Are Anti-TNFS Able to Close Enterocutaneous Fistula in Crohn's Disease?

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INTRODUCTION: Management of enterocutaneous fistula (ECF) in patients with Crohn's disease (CD) is a serious challenge. Before the advent of anti-TNFs, most of the ECF were operated. Anti-TNFs represent an alternative therapy, but data demonstrating their effectiveness in ECF are scarce, since studies in fistulising CD have mostly recruited patients with perianal fistula. Here we report our experience in CD patients with ECF treated with infliximab (IFX) or adalimumab (ADA).

AIMS & METHODS: We retrospectively collected in 10 GETAID centres cases of adults CD patients with ECF treated with anti-TNF therapy until December 2008. Perianal fistulas were not included in this study. ECF were classified as spontaneous or postoperative (occurring within the 30 days following surgery). Complete closure of fistula(s) was defined as absence of any draining for at least 3 months. Also, we studied recurrence of draining after complete closure, occurrence of abscess, and need for surgery related to ECF.

RESULTS: Forty-two patients (median age 37 years; 24 males) were treated with anti-TNF (IFX, n=38, ADA, n=1; IFX then ADA, n=3) for spontaneous (n=24) or postoperative (n=18) ECF. The median time between diagnosis of CD and the occurrence of ECF was 8.5 years; the median follow-up time was 3.3 years. The origin of the fistula was small bowel (n=21), ileocolonic anastomosis (n=15), duodenum (n=1) and colon (n= 1); 14 patients (33%) had complex fistulas with multiple tracts. Complete closure of fistulas was obtained in 16 of the 42 patients (38%), including 12 of 24 spontaneous fistulas and 12 of 28 simple fistulas. The median time to complete closure was 83 days. Recurrence of draining occurred in 5 among 13 of these patients (38%), including 2 of the 4 postoperative fistulas, after a mean time of 5.9 months. Surgery related to ECF was required in 22 patients (52%), due to occurrence of an abscess in 10 (24%).

CONCLUSION: In this series, complete closure of enterocutaneous fistula(s) was observed in 38% of patients on anti-TNF therapy, but only 26% had sustained closure during the follow-up. Results were better in spontaneous and simple fistulas.