

MAINTENANCE TREATMENT WITH INFLIXIMAB VERSUS AZATHIOPRINE IN CROHN'S DISEASE: A PROSPECTIVE STUDY

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Background and aim:

Crohn's disease is characterized by flares of inflammatory activity which alternate with periods of remission. To avoid the disease's relapses a maintenance treatment is mandatory. The aim of our study was to evaluate the efficacy of periodic administration of Infliximab (IFX) as compared with Azathioprine (AZA) in the maintenance of remission in patients with Crohn's disease.

Methods:

All patients with severe flares of Crohn's disease in whom remission was obtained after IFX induction treatment were included in a prospective study. Two maintenance treatments were compared: AZA (2.5mg/kg) daily and IFX (5mg/kg) at 8 weeks interval. Patients were followed by clinical (CDAI) and biological evaluation every 8 weeks and colonoscopy was performed every 24 weeks. Clinical remission was defined as CDAI<150 and endoscopic remission was defined as the absence of ulcers.

Results:

23 patients received maintenance treatment with IFX and 14 patients received AZA. Patients were followed for a mean of 36.48+/-25.21 (12-96) months.

At one year from the induction treatment with Infliximab there were no statistical significant differences between the patients in clinical remission in the two groups (p=0.058).

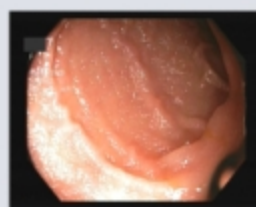
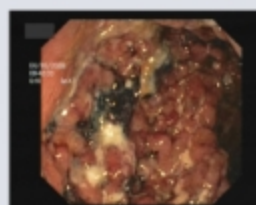
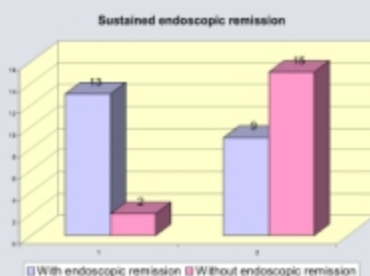
The difference reached statistical significance at two years when significant more patients were in clinical remission in IFX group as compared with AZA group (P=0.03).



The most important difference between the two groups was the endoscopic remission: for IFX group mucosal healing was obtained more rapidly: the mean time to remission was 8.83+/-4.62 (6-18) months, significantly less than for AZA group in which the mean time needed was of 15.42+/-5.85 (12-24) months and remission was maintained in a larger number of patients (p<0.01) in IFX group.



Endoscopic remission after one year



Endoscopic remission after six months

Conclusion:

The treatment with Infliximab is highly effective in maintaining the remission of Crohn's disease and determines mucosal healing in a shorter period of time as compared with Azathioprine. Sustained endoscopic remission is the most important benefit of Infliximab treatment compared with Azathioprine treatment.