Safety of Infliximab treatment in patients with stenosing forms of Crohn's disease

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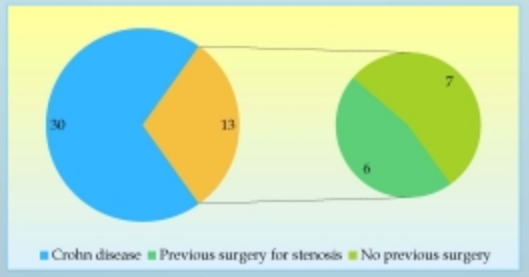
Introduction

While Infliximab (IFX) proved its efficacy in induction and maintenance of remission in inflammatory and fistulating Crohn's disease (CD), its effect on stenosing forms of CD is not well established. Considering its cicatrizing properties, IFX has the potential to worsen the strictures. The aim of our study was to evaluate the effect of IFX treatment on CD patients with stenosing CD.

Methods

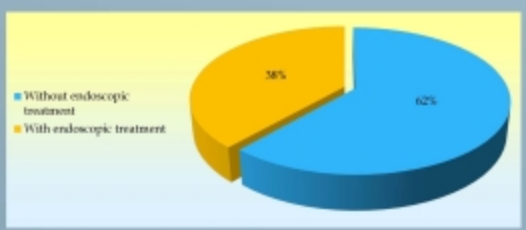
All CD patients from our department treated with IFX for moderate-severe flares of disease were evaluated. Patients with narrowing of small bowel at barium follow through, those with narrowing of colon at colonoscopy and those with previous surgery for occlusion were defined as having stenosing disease and were followed prospectively. Every 8 weeks clinical exam and every 24 weeks ileocolonoscopy were performed.

Results



From the stenosing Crohn's disease patients two needed balloon endoscopic dilation at initiation of IFX treatment (the rectal and ileocecal stenosis).

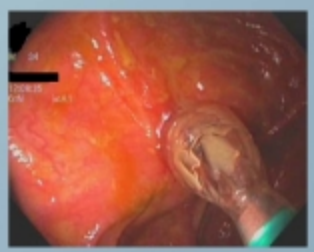
During two years of maintenance IFX treatment no occlusion episodes were observed but in three cases the patient's symptoms (for the anal canal stenosis) or the grade of stenosis seen at programed endoscopic evaluation (for ileocecal valve and ileocolic anastomosis stenosis) mandated balloon dilatation.



43 patients on biological therapy with Infliximab were evaluated, from which 13 had stenosing forms of CD.

6 patients had previous surgery for occlusion: right colectomy with ileo-colic anastomosis in 5 cases: in 4 cases at CD diagnosis and in one case after 3 years of disease evolution; and one colonic resection with ileo-sigmoid anastomosis for stenosis of transverse colon.

For seven patients without previous surgery, stenosis was located as follows: colonic in three patients, anal canal in one, one inferior rectal, one at ileocecal valve, one in the distal ileum.



Endoscopic balloon dilatation of a distal ileal stenosis

Conclusion

Infliximab treatment is safe in patients with stenosing Crohn's disease providing the patients are carefully followed. Periodic colonoscopies identify early potential severe stenosis and through endoscopic treatment help avoid surgery in this high risk group of patients.