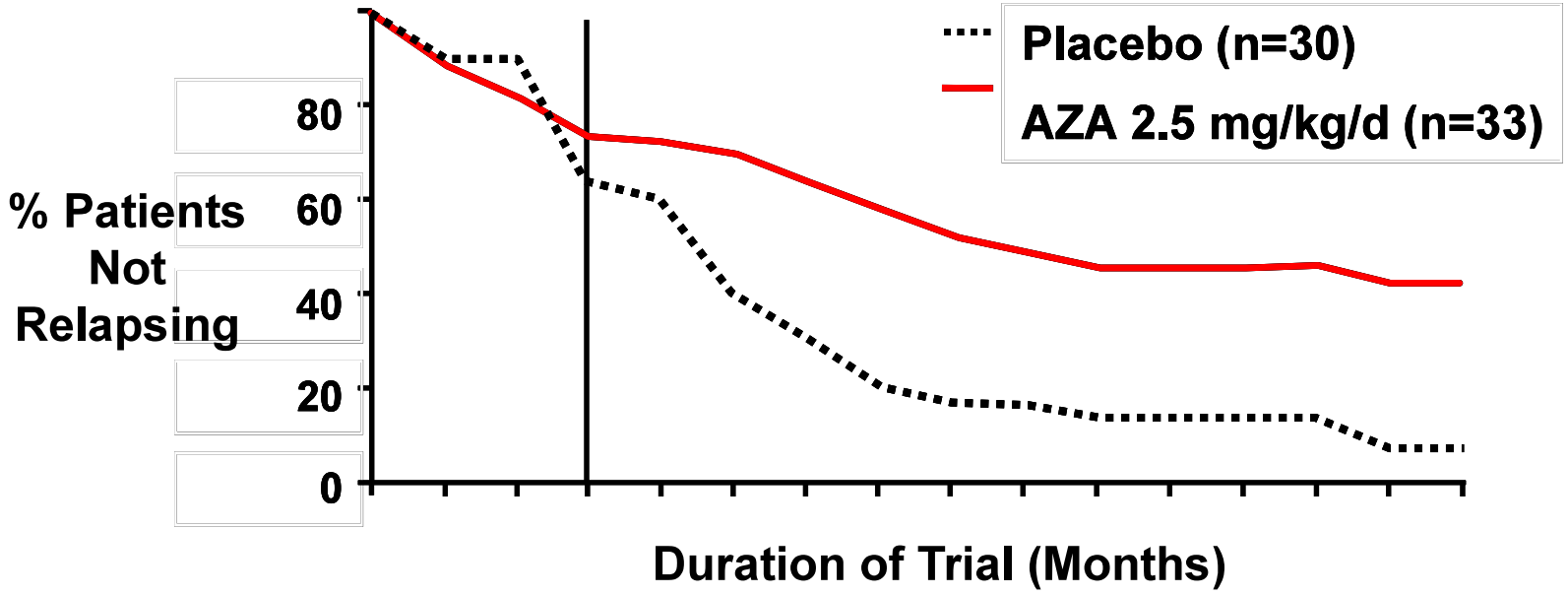
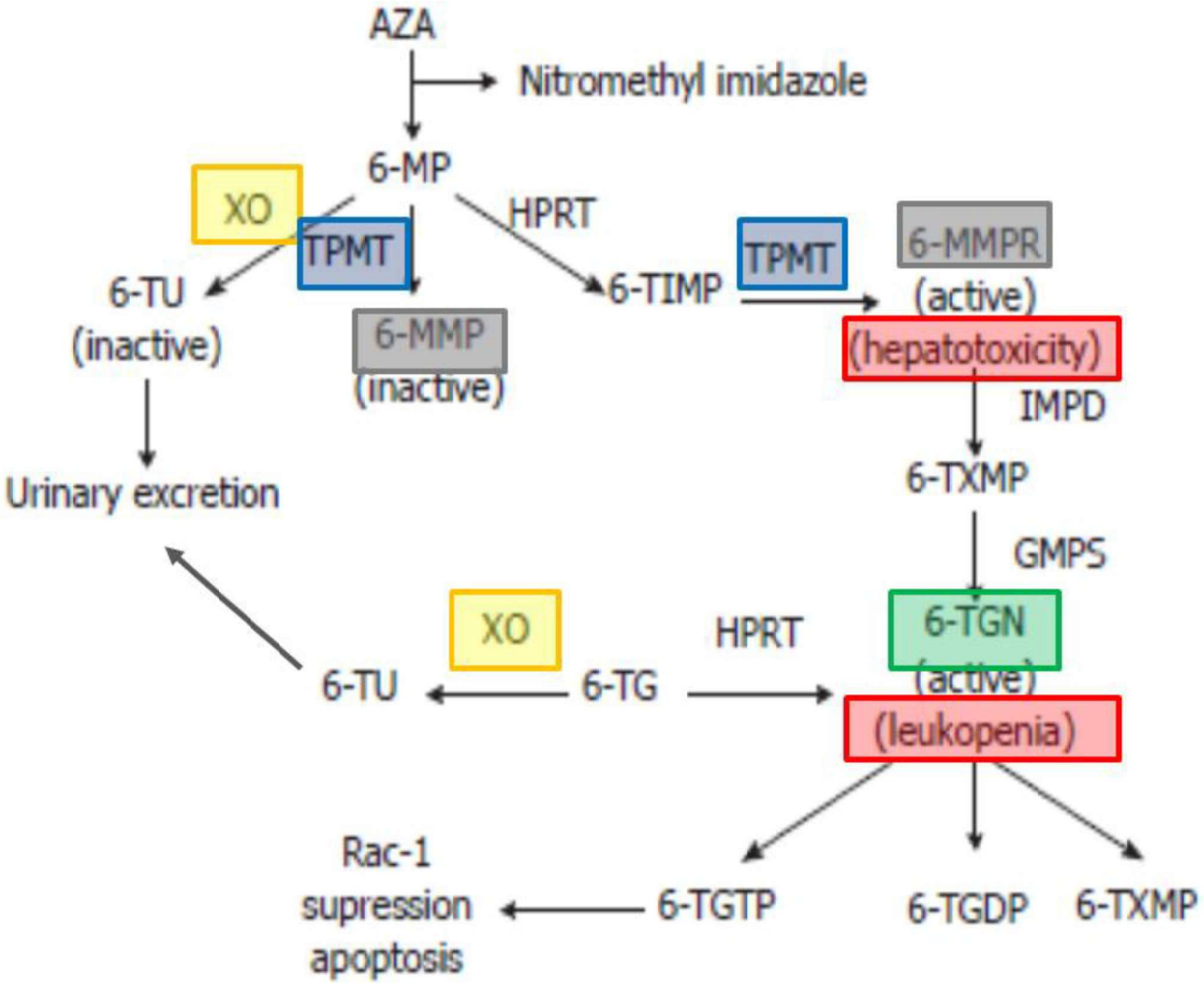
Non-Steroidal agent: Azathioprine (AZA) 2mg/kg

Effective in 70% patients with CD - 30% failure due to: **Intolerance 15%**
Slow acting ~ 3months **No response 15%**

Adverse events: Bone marrow suppression
Nausea, Myalgia, flu-like symptoms
Pancreatitis or Hepatotoxicity
Lymphoma / Non-melanoma skin cancer risk

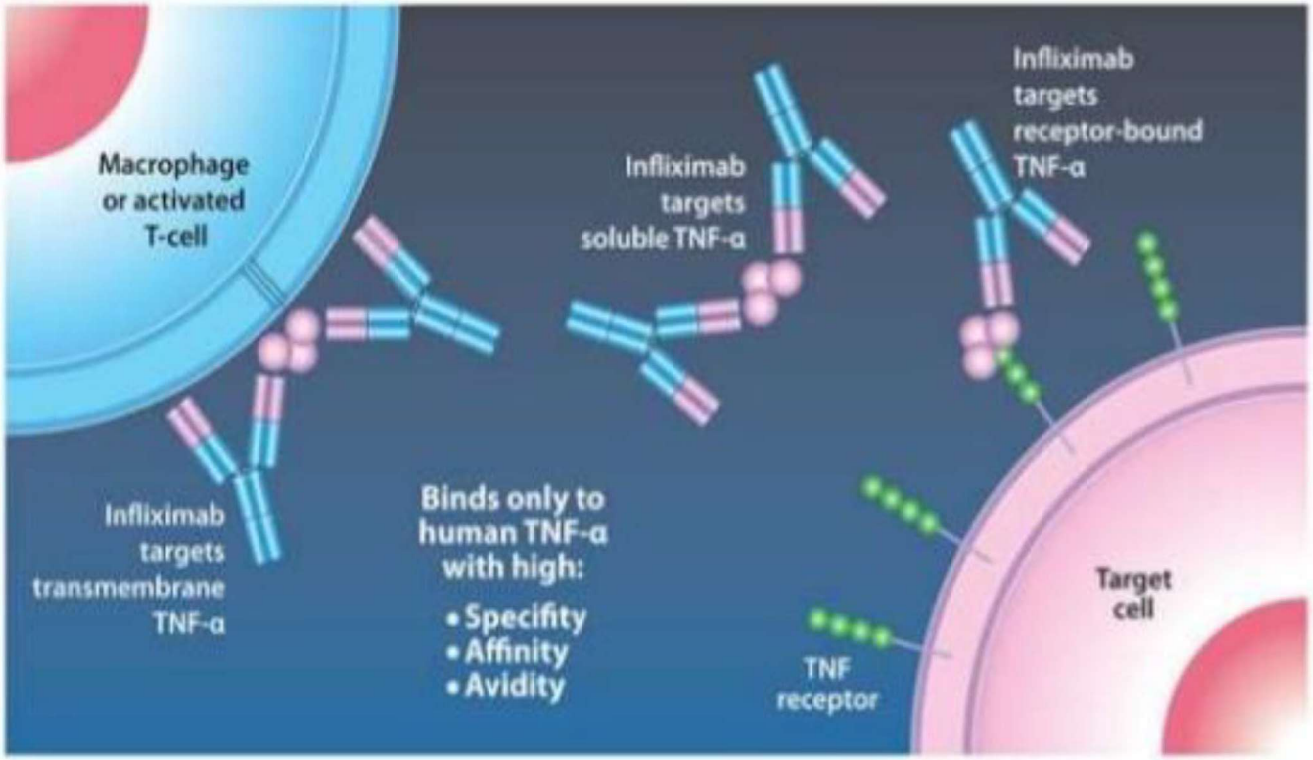


Monitoring AZA & 6-Mercaptopurine



IBD: Biological Agents - *anti* TNF α

(Era of the Monoclonal antibodies)

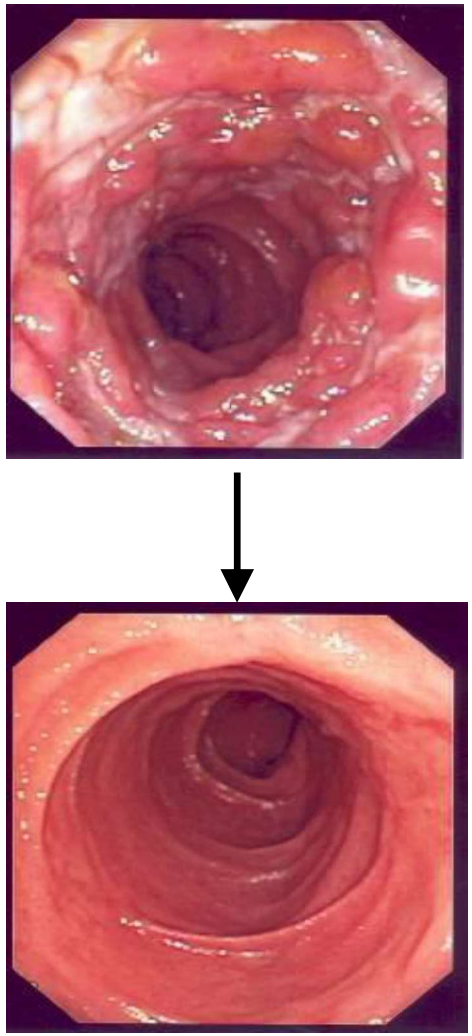


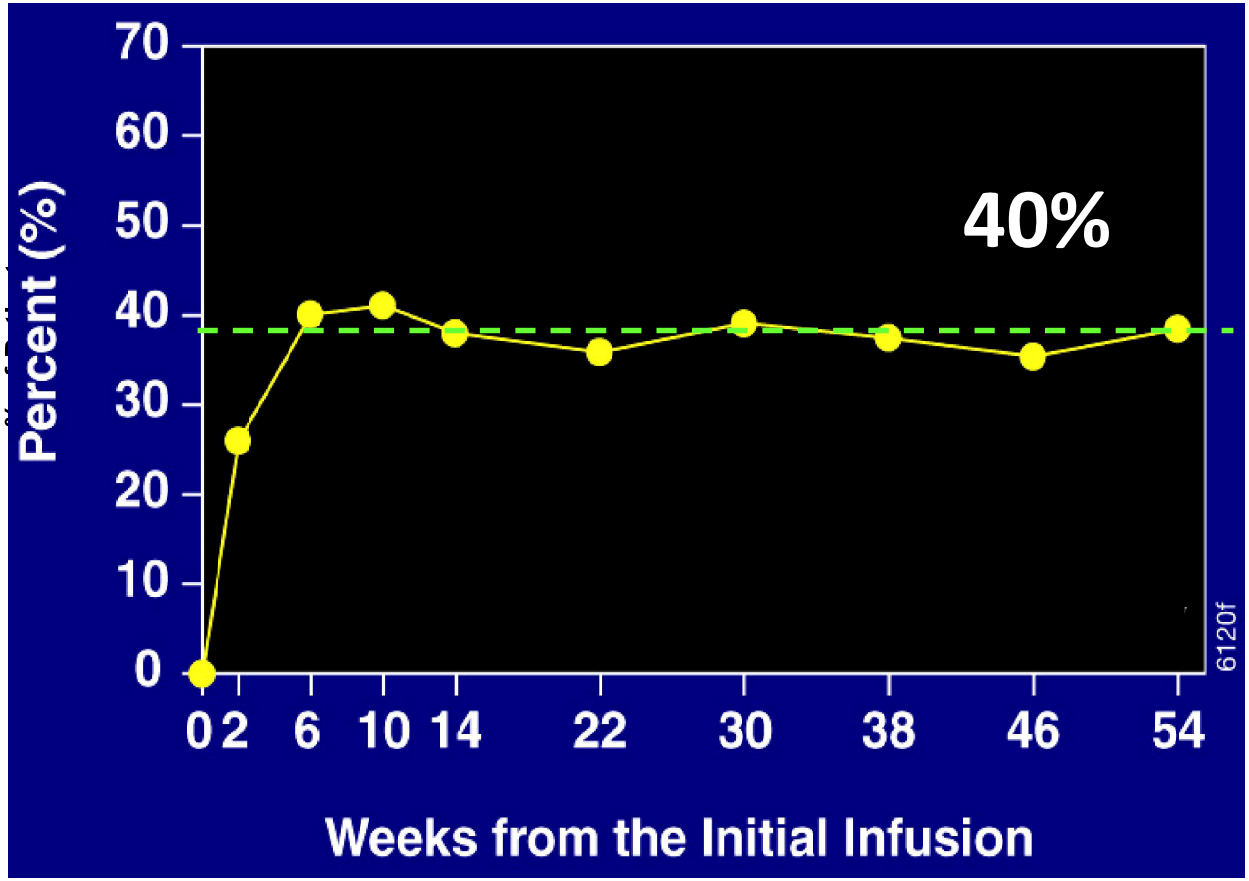
Infliximab I.V. (0, 2, 8 weekly)
(*Remicade* ®)

Adalimumab S.C (2 weekly)
(*Humeria* ®)

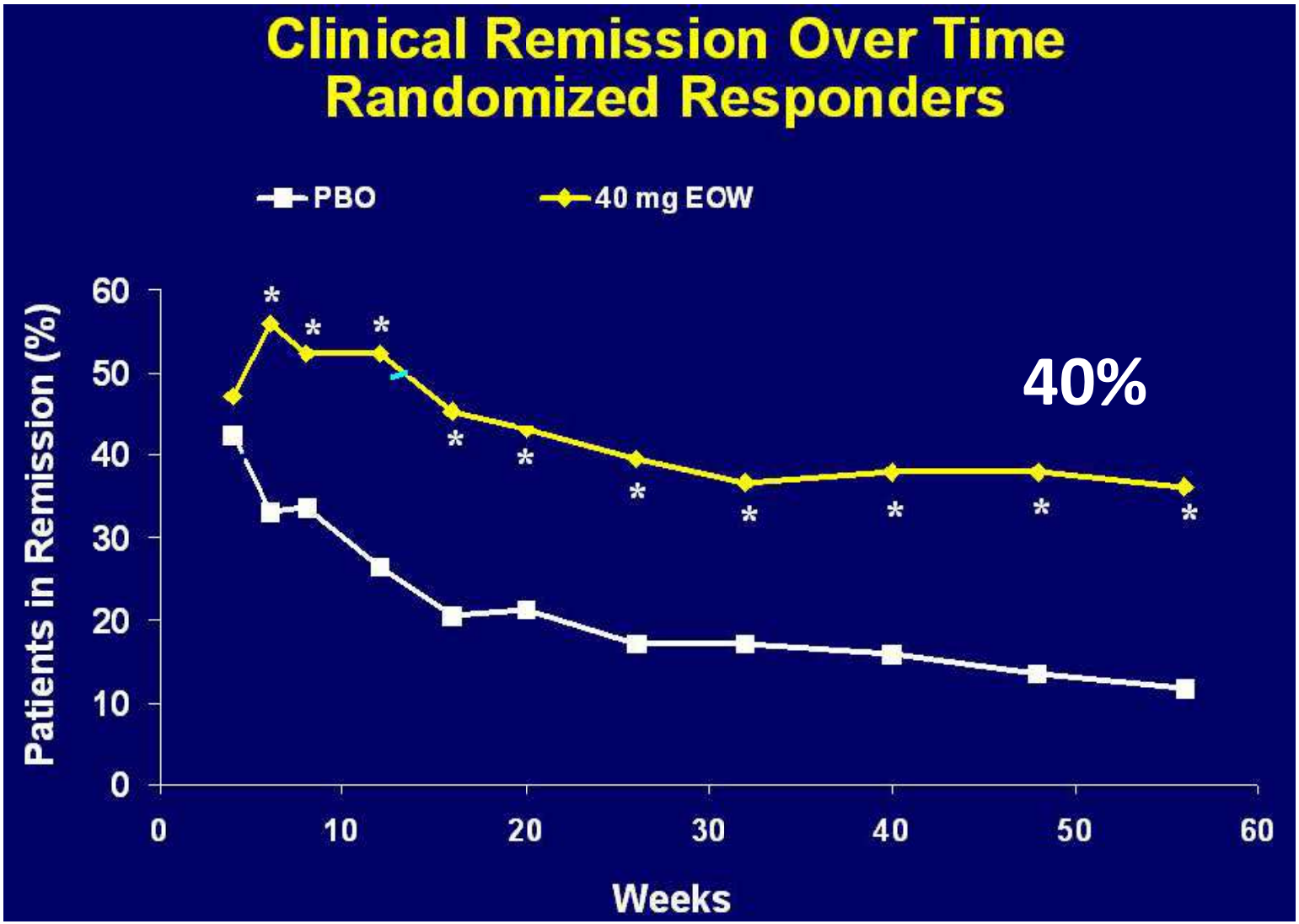
Infliximab in CD: Rapid Induction of Remission

Clinical Response & Remission (Week 2 & Week 54)





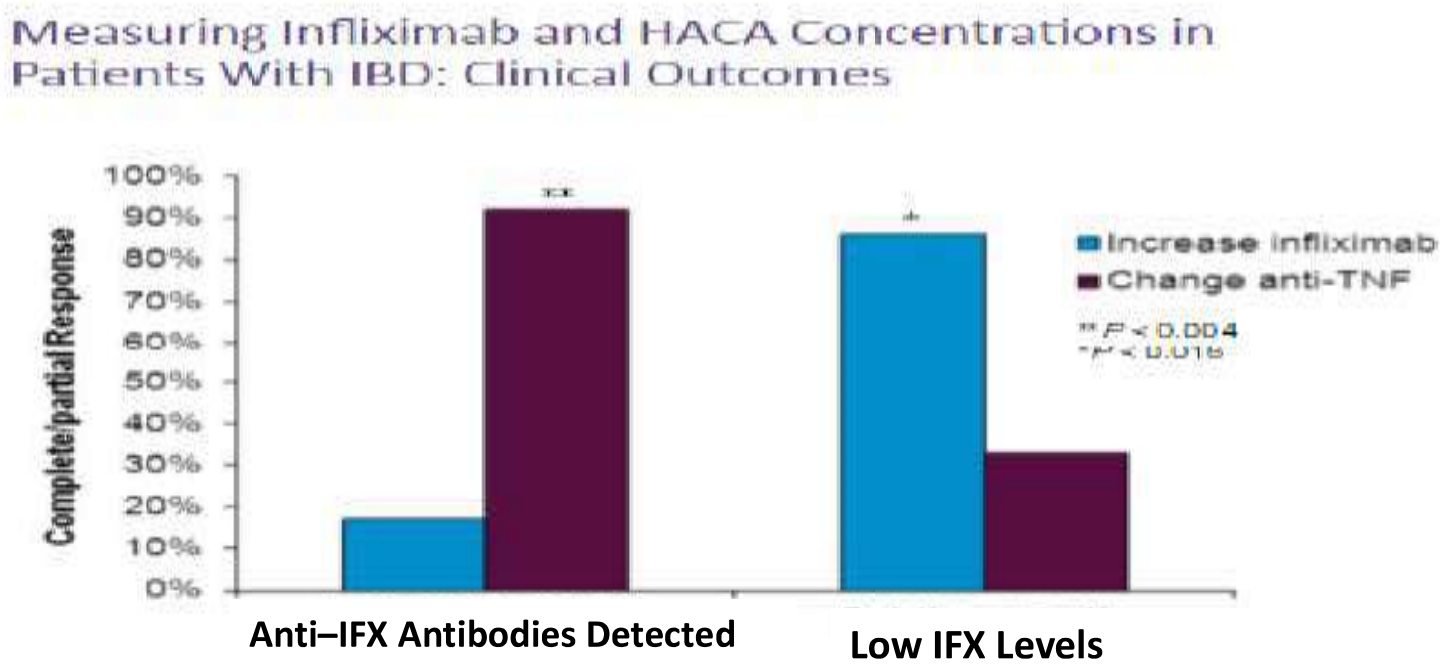
Adalimumab (Humira)



Combining Infliximab Levels & *anti*-Infliximab Antibodies

More In Remission

Less In Remission



Increase IFX vs. Change anti-TNFa

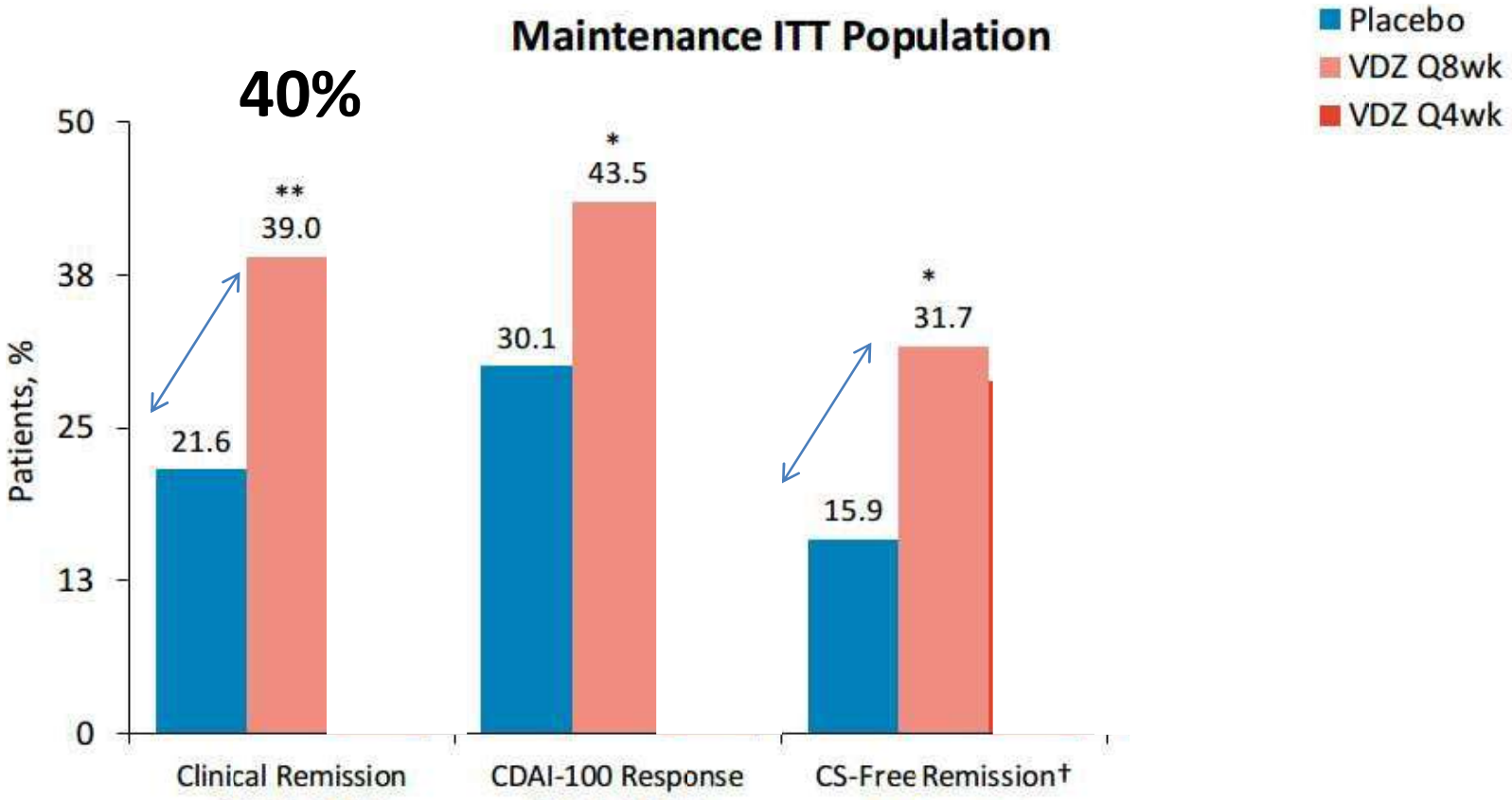
Increasing IFX dose DOES NOT help if you have anti-IFX antibodies

Increase IFX vs . Change anti-TNFa

Increasing IFX dose better then switching treatment if DO NOT anti-IFX antibodies

Vedolizumab: Crohn's Disease

Moderately - to - Severely Active Crohn's Disease: After 52 Weeks (n= 461)



If all else fails, back to the surgeon…

- Principle: prevent recurrence of sepsis
  (stop fistula being blocked)

  - Fistula plug
  - Advancement flap
  - LIFT procedure

  - Diverting stoma
  - Proctectomy

Well… coming near you soon

- Darvadstrocel – Allogenic stem cell
- ADMIRE trial – 212 patients
  - 75% no relapse of fistula at year 1
  - 56% no relapse of fistula at year 3
- Accepted mode of treatment by ECCO 2020
- Use before IFX for those without mucosal burden?

Darvadstrocel