



ORIGINAL ARTICLE

Surgery in Pediatric Crohn Disease: Case Series from a Single Tertiary Referral Center



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KEYWORDS

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Abstract

Introduction: There is a recognized increase of lifelong surgery risk in Crohn disease (CD). Outcome data concerning surgery in children, particularly in the biological era, are limited.

Aim: To characterize the clinical profile and the clinical outcome in children and adolescents with CD who underwent surgical intervention, in a single tertiary referral center.

Methods: Retrospective, cross-sectional study, including pediatric patients with CD undergoing intra-abdominal surgery in the last 11 years.

Results: Included eight of 50 CD total patients (16%); six female; median age at CD diagnosis of 12.0 years; Paris classification: (a) location: ileocolonic (5), colonic (1), upper disease (1), ileocolonic/upper disease (1); (b) behavior: stricturing (4), nonstricturing nonpenetrating (2), penetrating (1), both penetrating and stricturing disease (1); growth delay (2). Six children received thiopurines, five mesalazine, three corticosteroids and four anti-TNF therapy, preoperatively. Surgery followed diagnosis by a median of 2.9 years. Median PCDAI at the time of surgery was 35.0. Elective surgery was performed in six patients and emergency surgery in two, without major complications. Five children received anti-TNF and three thiopurines post-operatively. Within the follow-up period (median 1.7 years), relapse occurred in one child (3.2 years after intervention); the remaining seven patients persist in clinical remission. Median PCDAI in the last evaluation was 6.3. Weight and height recovery was observed in seven patients, at last follow-up.

Conclusion: Surgical treatment of CD is a valid alternative in selected cases, contributing to the resolution of acute complications and maintenance of remission, allowing disease-free interval and nutritional recovery.

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PALAVRAS-CHAVE

Adolescente;
Criança;
Doença de
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Doença de
Crohn/tratamento;
Resultado do
Tratamento

Cirurgia na Doença de Crohn Pediátrica: Série de Casos de um Centro de Referência Terciário**Resumo**

Introdução: É reconhecido o risco aumentado de cirurgia ao longo da vida na população com doença de Crohn (DC). Contudo os estudos publicados em idade pediátrica são ainda escassos, particularmente na era dos biológicos.

Objetivos: Caracterizar o perfil evolutivo da população pediátrica com DC submetida a cirurgia num centro de referência.

Métodos: Estudo retrospectivo, transversal, doentes pediátricos com DC submetidos a cirurgia intra-abdominal no período de 11 anos.

Resultados: 8/50 doentes com DC (16%); seis raparigas; idade mediana ao diagnóstico 12,0 anos; Classificação de Paris: a) localização: ileocólica (5), cólica (1), proximal (1); ileocólica e proximal (1); b) comportamento: estenosante (4), não estenosante não penetrante (2), penetrante (1), estenosante e penetrante (1); atraso de crescimento (2); terapêutica pré-cirurgia: tiopurinas (6), mesalazina (5), corticóides (3) e agentes biológicos (4). Mediana do PCDAI à data da cirurgia 35,0. O timing cirúrgico mediano foi 2,9 anos após o diagnóstico. Foram efetuadas cirurgias eletivas em seis doentes e de emergência em dois, sem complicações. No período após cirurgia, a terapêutica de manutenção incluiu: biológicos (5) e tiopurinas (3). No período de seguimento (mediana 1,7 anos), ocorreu recidiva numa criança (3,2 anos após a intervenção); as restantes persistiram em remissão clínica; PCDAI mediano na última avaliação 6,3. Observou-se recuperação ponderal e estatural em sete doentes, na última avaliação.

Conclusão: O tratamento cirúrgico da DC representa uma alternativa válida em casos selecionados, contribuindo para a resolução de complicações agudas e manutenção da remissão, permitindo um intervalo livre de doença e recuperação nutricional.

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1. Introduction

Crohn disease (CD) at pediatric age is recognizably associated with significant morbidity, with growth and nutritional impairment. New epidemiological data indicate that the incidence of CD in this specific age group is continually rising, with up to 25% of patients with inflammatory bowel disease being diagnosed before age 20.¹⁻³ In Portugal, a recent pharmaco-epidemiological study, based on regional intestinal anti-inflammatory drugs consumption, estimated an incidence of CD pediatric patients of 6.7/100,000 children/year.⁴

This chronic relapsing disease may have devastating effects on patient's quality of life with need for long-term therapy, frequent hospitalizations and consultations.⁵

The medical therapy of CD has dramatically changed over the past decade, with the increasing use of early anti-TNF, both in children and adulthood. However, it remains to be elucidated the true impact of this therapy in disease natural course and the need of surgery.

It has been estimated that the total life time risk of surgery in CD adult patients is between 50% and 70%.⁶ Gupta et al reported that the cumulative incidence of surgery in a pediatric population was 17% at 5 years and 28% at 10 years after diagnosis. In this study, the main risk factors for the first surgery were the presence of abscess, fistula or stricture and poor growth at presentation.⁷ Furthermore, Nod2/CARD15 gene variants which play an important role in the susceptibility to CD, may also be associated with the

development of intestinal strictures and increased risk for surgery.⁸

The results of surgery in children with CD are largely dated from the 1980s and early 1990s, a period in which immunomodulators were not widely used and biological therapy had not yet begun.

Elective surgery is generally advocated in children with growth failure not responding to medical therapy and/or stricturing disease. Despite the relative frequency of surgery in children with CD, there is a paucity of publications reporting outcomes and describing the results of minimal access techniques.⁹⁻¹¹ Recent pediatric studies have reported a wide range of postoperative recurrence rate, between 18% and 94%, possibly reflecting different clinical settings, treatment protocols and surveillance after surgery.^{10,12-14}

The aim of the present study was to characterize the clinical profile and the clinical outcome of children and adolescents with CD, who underwent surgical intervention within the last 11 years period in a tertiary referral center.

2. Materials and methods

This was a retrospective, cross-sectional study, including pediatric patients less than 18 years with the diagnosis of CD established according to Porto Criteria,¹⁵ undergoing intra-abdominal surgery in our unit between January 2004 and December 2014. All patients were identified from a department database and clinical data were collected

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