



Original article

Comparison between infliximab and adalimumab in the treatment of perianal fistulas in Crohn's disease



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ABSTRACT

Introduction: The fistulizing form of Crohn's disease (CD) represents a great challenge regarding treatment, especially perianal fistulas, for its high prevalence.

Objective: To assess factors related to the response to surgical treatment associated with anti-TNF inpatients with CD and perianal fistulas.

Method: Retrospective study of patients with CD and perianal fistulas who used IFX or ADA in association with surgical treatment.

Results: 30 patients with a mean age of 35 years were studied; 16 were treated with ADA (9 ADA + AZA) and 14 with IFX (10 IFX + AZA); ten of those treated with ADA responded, and of the six non-respondents, only one responded to IFX; eight responded to IFX, and among those non-respondents, no one showed response with ADA; among the respondents, there were 10 men and nine women; of those non-respondents, eight were men and 3 women; of those under 40 years, 16 responded compared with only three non-respondents; of those over 40 years, three responded versus eight non-respondents; as to the time elapsed between the onset of the disease and the beginning of anti-TNF, 14 (<2 years), one (2–5 years) and four (>5 years) responded, and five (<2 years), four (2–5 years) and two (>5 years) were non-respondents.

Conclusion: There was no difference in response between the anti-TNF agents used; a better response was noted in those who used anti-TNF in combination with azathioprine, among women, in those under 40 years and in those treated within two years of the onset of the disease.

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Comparação entre Adalimumabe e Infiximabe no tratamento das fístulas perianais na Doença de Crohn

R E S U M O

Palavras-chave:
Doença de Crohn
Infiximabe
Adalimumabe
Fístula perianal
Idade

Introdução: A forma fistulizante da Doença de Crohn (DC) apresenta um grande desafio quanto ao seu tratamento, especialmente as fístulas perianais pela sua alta prevalência.

Objetivo: Analisar os fatores relacionados à resposta ao tratamento cirúrgico associado ao anti-TNF de pacientes com fístulas perianais por DC.

Método: Estudo retrospectivo de pacientes com fístulas perianais por DC que fizeram uso de IFX ou ADA associado ao tratamento cirúrgico.

Resultados: Foram estudados 30 pacientes com média de idade de 35 anos; 16 foram tratados com ADA (9 ADA + AZA) e 14 com IFX (10 IFX + AZA); 10 dos tratados com ADA tiveram resposta; e dos seis que não responderam, apenas um teve resposta com IFX; oito tiveram resposta com IFX; e dos que não responderam, nenhum apresentou resposta com ADA; dos que responderam, 10 eram homens e nove mulheres; dos que não responderam, oito eram homens e três mulheres; daqueles com menos de 40 anos, 16 responderam contra apenas três que não responderam; dos com mais de 40 anos, três responderam contra oito que não responderam; quanto ao tempo decorrido entre o início da doença e o início do anti-TNF, 14 (<2 anos), um (2-5 anos) e quatro (>5 anos) responderam, e cinco (<2 anos), quatro (2-5 anos) e dois (>5 anos) não responderam.

Conclusão: Não houve diferença de resposta entre os agentes anti-TNF utilizados; houve melhor resposta nos que utilizaram anti-TNF em associação com azatioprina, entre as mulheres, nos pacientes com menos de 40 anos e naqueles tratados com até dois anos do início da doença.

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Introduction

In itself, Crohn's disease (CD) constitutes a major challenge for the physician treating inflammatory bowel diseases. Those cases with fistulizing disease, particularly perianal fistulas, become even more challenging, as there is great difficulty in achieving its control in the long-term, even with the therapeutic advances made in recent years.¹

Today we know that the best therapeutic option for this presentation of CD is the association of surgical treatment with the use of anti-TNF agents, and in this sense, "surgical treatment" is not the classic fistulotomy or fistulectomy, but successive curettages and seton placements, allowing that the biologicals act in the healing process without formation of abscesses.²

The conventional treatment of perianal fistulas in patients without CD produces excellent results; but in patients with CD one cannot employ the usual techniques in most cases, given the high probability of developing fecal incontinence. This situation changed positively with the emergence of biological agents, which significantly changed the treatment of this disease.

At the beginning of the use of biological agents, an increase in the incidence of perianal abscesses was also noted (because of the external orifice closure by the drug), but over time it was found that the combination of biologicals with frequent curettage of fistulas and seton placement constituted an effective strategy, having become the standard treatment for perianal fistulas in patients with CD.³

What is being discussed today, in face of the inexistence of clear scientific evidence, is whether there are differences between the available biologicals, especially adalimumab and infliximab, which are the most used in Brazil. Thus, the aim of this study is to compare these two agents as to the differences in response to treatment with anti-TNF associated with surgical treatment in CD patients with perianal fistulas.

Objective

To assess factors related to the response to surgical treatment associated with anti-TNF (adalimumab and infliximab) of patients with perianal fistulas in Crohn's disease.

Method

A retrospective study of medical records of patients from the Inflammatory Bowel Diseases Outpatient Clinic, Hospital Universitario Maria Aparecida Pedrossian, Universidade Federal de Mato Grosso do Sul, from the Hospital Regional de Mato Grosso do Sul, and from the private practice of the author.

Patients with perianal fistulas and Crohn's disease with prescription and who made use of anti-TNF agents were included. All patients included were previously investigated for presence of TB and Hepatitis B.

The study period was from June 2000 to July 2013. Anti-TNF agents were used at recommended doses and intervals: infliximab (IFX) 5 mg/kg at weeks 0, 2 and 6 with maintenance

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