Infliximab for the prevention of postoperative recurrence in patients with multiple surgeries for Crohn's disease

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Dear Editor:

I read with great interest the recent article by Sakuraba et al. (Int J Colorectal Dis 2012). The authors evaluated the efficacy of scheduled infliximab, which was started soon after surgery, in maintaining remission of Crohn's disease (CD) patients who have undergone multiple surgeries. Eleven patients who had undergone repeated surgeries (median, 4; range, 2–5) for penetrating disease were studied. Two to 4 weeks after surgery, the patients were started on intravenous infliximab (5 mg/kg) at an 8-week interval. One patient dropped out due to non-compliance and ten patients were eligible for the analysis. Clinical remission was maintained in six of the ten patients (60%) at the end of the study. At 24 months, four out of the ten patients were in endoscopic or radiological remission (40%).

These results support the use of prophylactic therapy with infliximab for preventing reoperation in patients who have undergone multiple operations. However, there are several limitations to be noted regarding this study, including small sample size and a nonrandomized uncontrolled study design. Large controlled trials should strengthen the findings of the present investigation.

CD commonly affects the terminal ileum; however, there are a few patients with diffuse and extensive disease in the

small bowel. To our knowledge, such cases have been very difficult to treat with routine strategies. Surgical intervention has had an important role in the management of such complicated cases, but resectional surgery may lead to short bowel syndrome, necessitating intravenous nutritional supplements (home parenteral nutrition). Patients on home parenteral nutrition may experience poor quality of life and the practice carries a high risk of serious infection.

The study by Sakuraba et al. suggests that infliximab maintenance therapy initiated soon after surgery reduces the need for repeat operations and the risk of short bowel syndrome in patients with complicated CD. Large randomized controlled trials with either a placebo arm or conventional treatment (e.g., mesalazine) arm are necessary to assess the definite efficacy of infliximab for the prevention of postoperative recurrence in CD patients who have undergone multiple surgeries. Furthermore, it should be investigated whether or not infliximab reduces the risk for developing a short bowel syndrome in the management of CD.

Conflict of interest None to declare

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