Surgery and medical therapy in Crohn’s disease

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Aim and outline of the thesis
AIM AND OUTLINE OF THE THESIS

In this thesis we focus on the multidisciplinary treatment of inflammatory bowel disease (IBD) and aim to gain knowledge about the different treatment strategies (mainly) for patients with Crohn’s disease (CD).

The first part of this thesis focusses on the epidemiology of IBD. Chapter 1 addresses the prevalence and incidence of IBD in a population-based cohort centrally in The Netherlands. Epidemiology, phenotype distribution and disease burden of inflammatory bowel disease are poorly described in literature. Whether incidence and prevalence figures have changed since then is currently unknown. Furthermore, disease burden of ulcerative colitis (UC) and CD was addressed in a population-based fashion. Furthermore, phenotype distribution, medical and surgical treatment and QoL were assessed between a tertiary referral center cohort and a teaching hospital cohort.

The second part addresses ileocecal CD. Chapter 2 describes a multicentre randomised controlled trial comparing ileocecal resection with infliximab for patients with recurrent terminal ileitis, focussing on QoL. In chapter 3 the multidisciplinary management of patients with an abdominal abscess in CD is reviewed, describing medical therapy, percutaneous drainage as well as surgical treatment. Chapter 4 focusses on the effect of optimization of medical management over time on the length of the resection specimen and time from diagnosis to surgery in patients with ileocecal CD. In chapter 5 short-term postoperative outcomes of single port and multi port laparoscopic ileocecal resections in CD were compared. In chapter 6, the literature on single port surgery for both CD and UC was assessed. Chapter 7 describes lessons learned from the LIRIC study. Patient’s preferences are addressed and finally, we will discuss the pitfalls encountered, and explore some interesting alternatives (e.g. the patient preference RCT design), to optimize future comparable trials.

The third part focusses on perianal CD. Chapter 8 reviews advanced soft tissue techniques for complex fistulas and describes the technical approach of various advanced soft tissue techniques for complex fistula repair (i.e. the endorectal mucosal advancement flap, the anocutaneous advancement flap and the Martius flap) and discusses its indications, advantages and associated complications. Chapter 9 consist of a systematic review and meta-analysis on the effect of seton drainage and/or anti-TNF on perianal
Aim and outline of the thesis

fistula partial and complete closure and recurrence. In chapter 10 an overview of the evidence and consensus on perianal fistula diagnostics, medical and surgical treatment in national and international guidelines is presented in order to analyse areas of consensus and areas of conflicting recommendations. Future topics for research were identified. In chapter 11 the study protocol and rationale of the PISA trial are described. It is a randomised controlled trial comparing chronic seton drainage, anti-TNF and surgical closure in patients with complex perianal fistulas in Crohn’s disease, a multicentre international collaboration. Chapter 12 compares outcomes after total mesorectal excision and close rectal dissection in both patients with CD and patients with UC including the role of mesorectal macrophages on healing rates and perineal complications. In chapter 13 the use of mesenteric tissue, a novel technique, for the treatment of septic pelvic complications in the absence of greater omentum is described.

In the summary, general discussion and future perspectives the main findings of this thesis are reviewed and recommendations for further research are discussed.