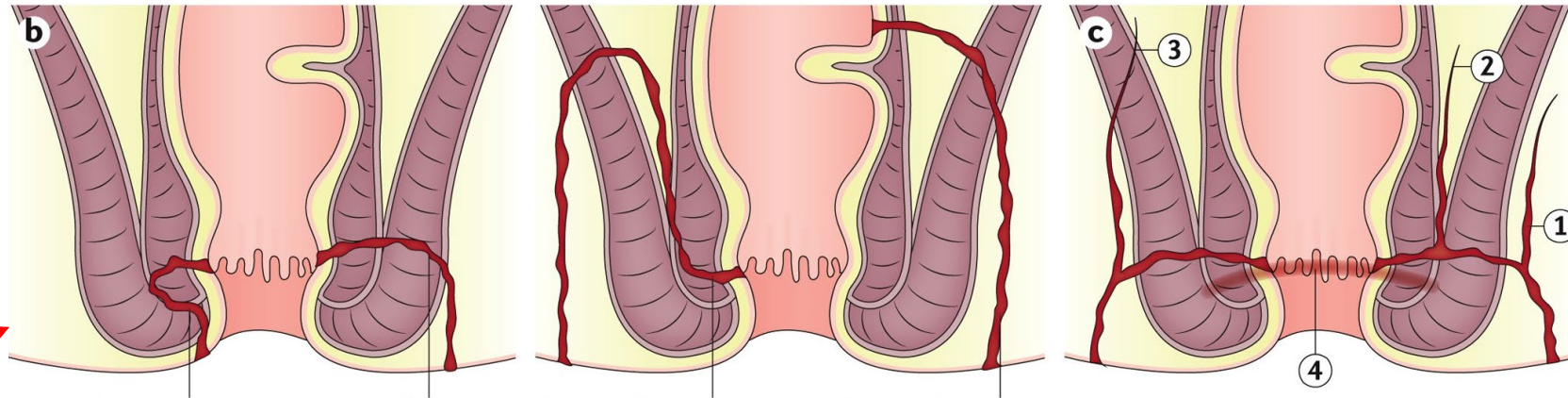
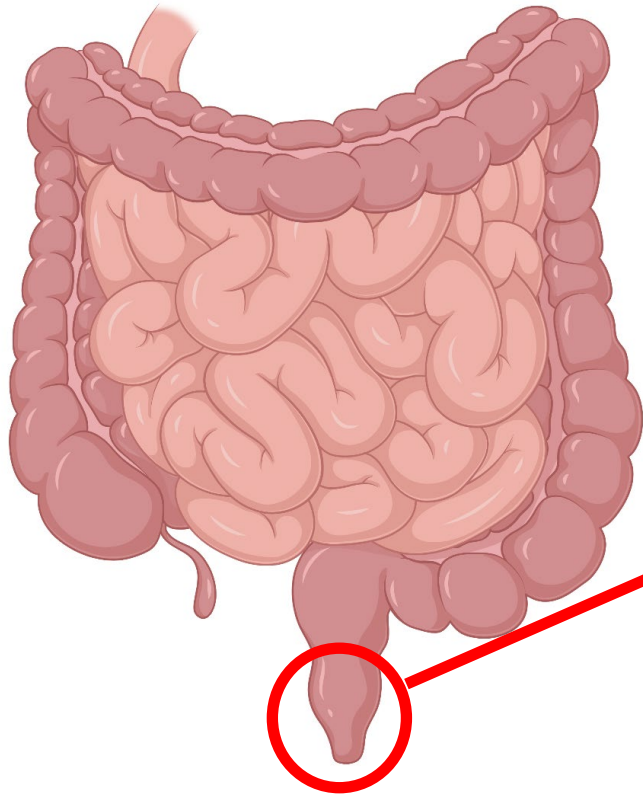


Subclinical Perianal Crohn's Disease

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Perianal Crohn's Disease (pCD)



- Common
 - 25% of all CD patients
- Consequences:
 - More frequent surgery
 - Worse quality of life
 - Limited therapeutic options

~20% of CD patients without clinical pCD have fistula (sinus) tracts seen on imaging

Supplementary Anal Imaging by Magnetic Resonance Enterography in Patients with Crohn's Disease Not Suspected of Having Perianal Fistulas

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Absence of Perianal Symptoms Does Not Mean No Perianal Fistula in Newly Diagnosed CD

• Methods

- Retrospective review of 274 newly diagnosed CD (2015-2017)

• Results

- 158 (58%) patients had perianal fistulae present on anal canal MRI results
- Higher numbers of internal opening and fistulae in symptomatic group
 - > 1 internal opening: asymptomatic 27%; symptomatic 44%
 - > 1 fistula: asymptomatic 50%; symptomatic 67%
- Lower rates of healing in the asymptomatic group at both 1 and 2 years after diagnosis
 - 1 year: asymptomatic 10%; symptomatic 13%
 - 2 years: asymptomatic 16%; symptomatic 25%

Asymptomatic perianal fistula	Symptomatic perianal fistula	No perianal fistula
48 (18%)	110 (40%)	116 (42%)

Risk factors	OR	95%CI	P value
Colonic involvement	5.449	2.147-13.830	<0.001
Hs-CRP	1.003	0.990-1.016	0.626

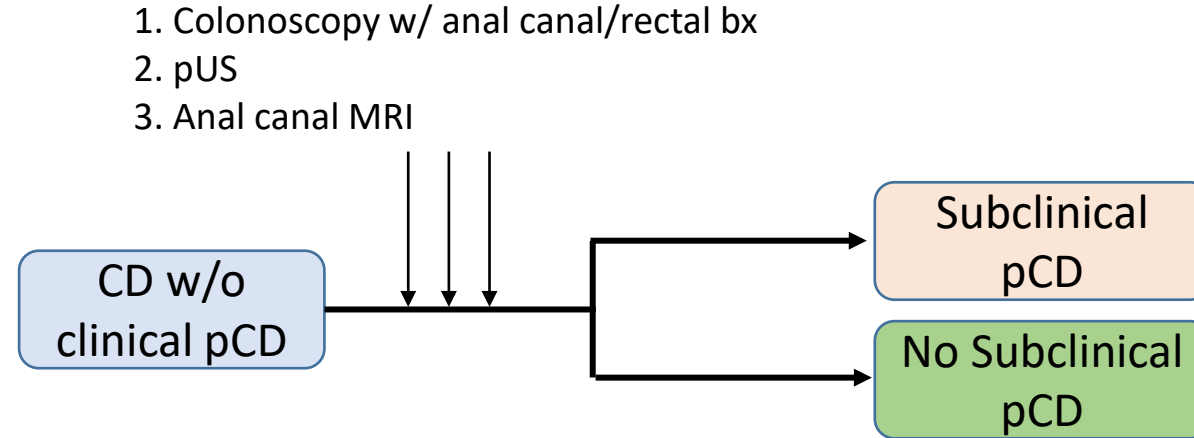
CONCLUSION

- High incidence of perianal fistula in newly diagnosed CD patients
- Asymptomatic perianal fistula had a lower healing rate at 1 and 2 years after diagnosis and could potentially progress to symptomatic fistula



Min Zhang M, et al. Presented at DDW. May 2019. Abstract Su1916

Approach



Aim 1

Characterization of subclinical pCD patients:

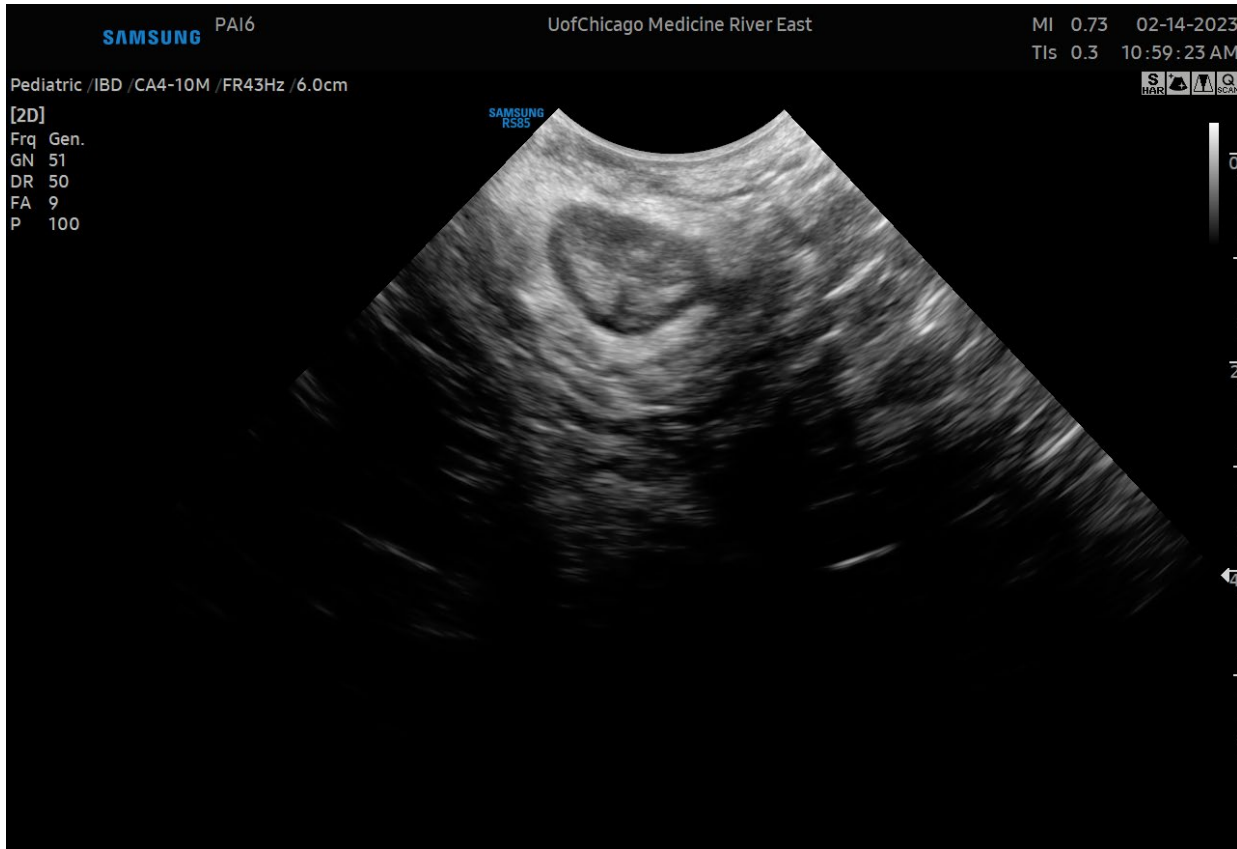
1. Crohn's phenotype
2. Disease activity
3. Associated perianal findings (skin tags, etc)
4. Histologic findings
5. Radiologic findings

Image Acquisition

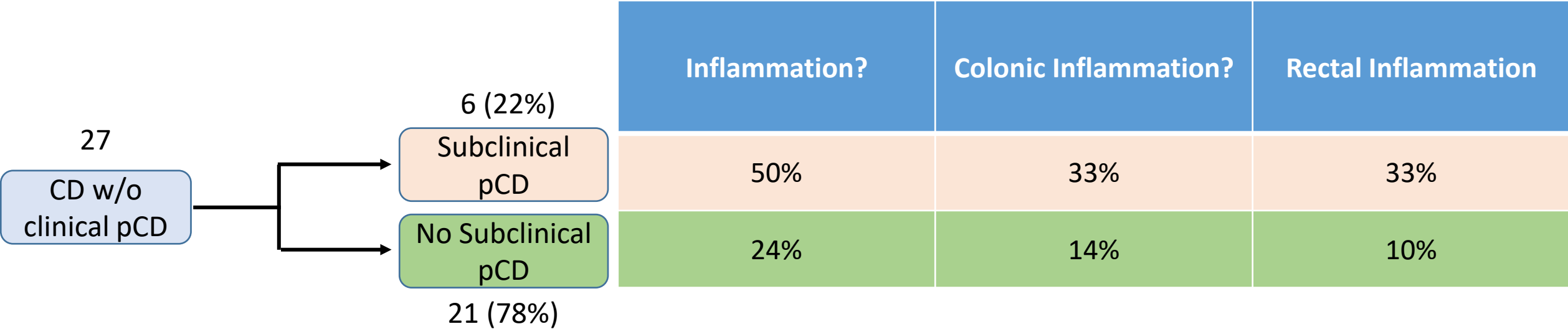
Axial



PAI6



Preliminary results

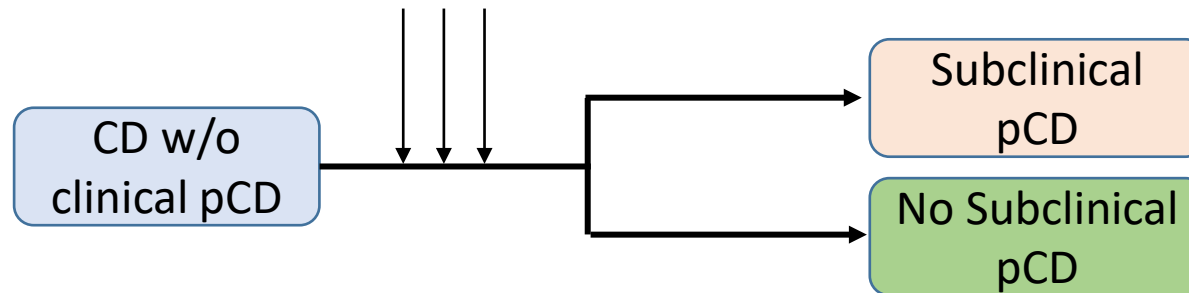


Next steps

- Continue patient enrollment
- Investigate and host and microbial changes in subclinical pCD
- Determine if subclinical pCD can resolve with treatment. Should this be a new treatment target?

Approach

1. Colonoscopy w/ anal canal/rectal bx
2. pUS
3. Anal canal MRI



Aim 2

1. Immune profiling
2. Microbial profiling

Subclinical pCD patients have a unique microbiome

