

High Degree of Variability in Timeline of Indwelling Seton Removal in Perianal Fistulizing Crohn's disease

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Introduction

- Crohn's Disease (CD) is complicated by perianal fistulizing disease in as high as 50% of patients.¹
- This has a huge impact on patient's physical, psychological, and sexual quality of life.
- Currently management of this complex disease includes multimodal approach with medical therapy and surgery
- Surgical management includes seton placement to promote drainage, treat and prevent abscess formation, and healing
- No consensus exists on timing of seton removal or concurrent medical therapy^{2,3}

Aim: to determine the variability in the treatment timeline for indwelling perianal setons and their removal in perianal fistulizing Crohn's disease

This will be then utilized to create a care pathway to coordinate care of patients with fistulizing Crohn's disease

Materials & Methods

- A retrospective review of patients at a tertiary care center from June 2008-May 2021
- Inclusion criteria: luminal diagnosis of CD, diagnosis of perianal fistula, and perianal procedure (n=103)
- Exclusion criteria: lacking luminal Crohn's disease (n=10), did not undergo seton placement (n=14), had less than one year of follow up (n=14), or had rectovaginal fistula or J pouch (n=2)
- Sixty-one (61) patients were then assessed for presence of one or multiple setons, and the timeline for presence of seton at 6 months, one year, and greater than 1 year
- We utilized logistic regression modeling to assess associations between timeline of indwelling seton and medical therapy.

Significant heterogeneity in the time course of indwelling setons

No significant association between medication strategies and the variable timeline for indwelling setons were identified

This variability of seton timeline should prompt formulation of clinical pathways to coordinate multidisciplinary care and define specific treatment strategies to improve the likelihood for seton removal

Results

- Presence of 1 seton (51%) vs multiple setons (49%) was equal
- No difference was found in the timeline of seton removal between patients with 1 or multiple setons.

		Seton removal at 6 months	Seton removal at 1 year	Seton left in longer
		14 (22.22%)	16 (25.39%)	38 (60.31%)
IBD Medication at the time of diagnosis of anal fistula	No Medications	5 (16.67%)	7 (23.33%)	18 (60%)
	Biologics	8 (28.57%)	9 (32.14%)	11 (39.28%)
	Immunomodulators	0	0	6 (100%)

- The proportion of patients to have seton removal within 1 year was higher if they were on biologics at the time of diagnosis of perianal fistula compared to patients without biologics
- No statistically significant associations were found between timeline of indwelling seton and medication exposure

References

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