

Title: Treatment Change After Follow-up Endoscopy in Pediatric Crohn's Disease

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Background: For pediatric patients with Crohn's Disease (CD) in clinical remission, there is limited guidance of when to repeat endoscopic evaluation and how this might impact CD treatment course. This retrospective study describes a cohort of pediatric patients with CD in clinical remission on therapy and the impact of timing of repeat endoscopy on changes to treatment.

Methods: We performed a retrospective review of patients <18 years diagnosed with CD in 2019 at Seattle Children's Hospital, including those who received repeat endoscopy within two years of diagnosis and were in clinical remission at the time of their repeat endoscopy (PCDAI < 10). Data included demographics, IBD therapy, endoscopy results, and disease management changes following repeat endoscopy. We excluded patients with non-CD inflammatory bowel disease or cases where repeat endoscopy was done for active disease assessment based on both clinical symptoms and/or laboratory evaluations.

Results: We identified 22 pediatric patients diagnosed with CD in 2019 who underwent follow-up endoscopy within 2 years of diagnosis while in clinical remission. Average age at diagnosis was 12 years (5-18). Mean timing of endoscopy was 12.5 months +/- 4.8. 6 patients (27%) showed endoscopic healing, and only 1 patient had histologic remission. 16 of the patients (73%) had erythema or ulceration. For those patients with active endoscopic inflammation, 11 (50%) had a change in treatment based on the results of their endoscopy. Of those, 10 patients had a dose increase or transition to a different agent. These patients on average had an endoscopy 12.2 months after diagnosis (/- 5.2). There was no significant difference in the timing of repeat endoscopy for patients who received treatment-altering endoscopies. There were no noted endoscopy complications.

Conclusion: Repeat endoscopic exam after diagnosis and therapy initiation within 12.2 months led to therapy changes in 50% of children despite being in clinical remission, which suggests the value of repeat endoscopy for gauging remission status. Further study is warranted to assess the utility of repeat endoscopy after diagnosis and its optimal timing.