How Does Biologic Therapy Influence Surgical Intervention for Paediatric Inflammatory Bowel Disease?

A decrease in surgical interventions (SI) for paediatric inflammatory bowel disease (PIBD) due to the introduction of biologic therapy has not been demonstrated at a population level.

Children diagnosed with PIBD:
- CD: 61%
- UC: 34%
- IBD-U: 5.8%

N = 22,645

- 17.9% received biologic therapy
- 14% underwent surgical resection

Time from PIBD diagnosis to:
- Surgical resection: 8.3 months for CD, 8.2 months for UC
- 6.9 months for CD, 5.9 months for UC

Future studies are needed to evaluate:
- Additional factors that reduce SI in patients with PIBD
- Impact of monoclonal therapy on SI in perianal fistulating disease
- The impact on the same study subjects during adulthood

The introduction of biologic therapy reduced the need for SI in children with a positive diagnosis of PIBD on a population level.

Data from children <18 years old with PIBD including:
- Crohn’s disease (CD)
- IBD-unclassified (IBD-U)
- Ulcerative colitis (UC)

Between April 1997–April 2015

The Influence of the Introduction of Biologic Agents on Surgical Intervention in Paediatric Inflammatory Bowel Disease
Bebell et al. (2022)