ACG GUIDELINE Highlights

Management of Crohn's Disease in Adults

Concept and Content: Erica Duh, MD | **Reviewer:** Christina Y. Ha, MD, FACG

Diagnosis

- Consider clinical presentation as well as endoscopic, radiologic, histologic, and pathologic findings.
- Fecal calprotectin to differentiate inflammatory from noninflammatory (cutoff >50-100 ug/g)
- Routine endoscopic surveillance for CRC is recommended for colonic CD

Medical Management

Fistulizing Crohn's Disease

The following are recommended:

- Infliximab
- Adalimumab
- Antibiotics
- Upadacitinib
- Vedolizumab
- Ustekinumab

Surgical and Postoperative Crohn's Disease

- Recommend 6-12 month post-op colonoscopy to assess for early recurrent CD
- CD patients at high-risk for post-operative recurrence should consider starting advanced therapy shortly after resection.

Low Post-op Risk of Recurrence	High Post-op Risk of Recurrence
Observation	Anti-TNF Vedolizumab

What makes a patient HIGH risk?
- Active tobacco smoking
- Penetrating disease
- Prior CD resections

When to Refer to Surgery

- Intra-abdominal abscess >2 cm should be treated with drainage and antibiotics
- Patients with symptomatic fibrostenotic strictures or abdominal abscesses should be considered for surgery

Medical Management

EARLY initiation of advanced therapy is KEY for optimal outcomes in CD

		Induction	Maintenance	Comments
Mild to moderate disease	**Oral mesalamine**	⊘	⊘	
	Ileal release budesonide	✓	⊘	
Moderate to severe	**Oral corticosteroids** (Prednisone 40 mg daily for 1-2 weeks, with subsequent tapering)	✓	⊘	Think early advanced therapy for these patients
	Thiopurines (Azathioprine 2-2.5 mg/kg/day, Mercaptopurine 1-1.5 mg/kg/day)	⊘	✓	•TPMT testing before start •Given the adverse effect profile of thiopurine monotherapy (e.g. lymphoma, skin cancer), consider newer, safer agents for maintenance.
	Methotrexate (up to 25 mg 1x/week IM/SC)	⊘	✓	•↓ to 15 mg/wk @ 4 mo if steroid-free remission
	Anti-TNF agents (IV infliximab; SC adalimumab; SC certolizumab pegol)	✓	✓	•SC infliximab for maintenance only •Check TB, hepatitis B testing pre-treatment
	IV vedolizumab	✓	✓	SC vedolizumab for maintenance only
	Anti-IL 12/23 agents (Ustekinumab)	✓	✓	•RISA>> UST for anti-TNF experienced pt •GUS → SC or IV induction •MIRI, RISA, UST → IV induction •All use SC for maintenance
	Anti-IL 23 agents (Guselkumab; Mirikizumab; Risankizumab)	✓	✓	
	Upadacitinib	✓	✓	Use limited to anti-TNF-experienced patients in the US.

Sulfasalazine should be considered only for those with symptomatic mild colonic Crohn's disease

IV IFX + thiopurines >> immunomodulators or IV IFX alone in those who are naïve to those agents

Remember to address disease modifiers!
- NSAID use
- Cigarette smoking
- Management of stress, depression, and anxiety
- Diet

6-MP = 6-mercaptopurine
CRC = colorectal cancer
CD = Crohn's disease
GUS = guselkumab
IFX = infliximab
IM = intramuscular
IV = intravenous
MIRI = mirikizumab
RISA = risankizumab
SC = subcutaneous
TNF = tumor necrosis factor
TPMT = thiopurine methyltransferase
UST = ustekinumab

Gary R. Lichtenstein, MD, FACG; Edward V. Loftus, MD, FACG; Anita Afzali, MD, MPH, MHCM, FACG; Millie D. Long, MD, MPH, FACG; Edward L. Barnes, MD, MPH, FACG; Kim L. Isaacs, MD, PhD, MACG; Christina Y. Ha, MD, FACG *The American Journal of Gastroenterology*
10.14309/ajg.0000000000003465

AJG The American Journal of GASTROENTEROLOGY

→ READ THE GUIDELINE: **bit.ly/acg-crohns-2025**