Inflammatory Bowel Diseases, 2024, **XX**, 1–1
https://doi.org/10.1093/ibd/izae026
Advance access publication 24 February 2024
Letter to the Editor

CROHN'S & COLITIS FOUNDATION

Letter to the Editor

Surgical Complications Need to Be Carefully Excluded Before Ruling Out a Diagnosis of De Novo Crohn's Disease

Massimo Martinelli, MD, PhD,[*] Erasmo Miele, MD, PhD,[*] and Annamaria Staiano, MD[*]

[*]Department of Translational Medical Science, Section of Pediatrics, University of Naples "Federico II" Naples, Italy

Address correspondence to: Annamaria Staiano, MD, Department of Translational Medical Sciences, Section of Pediatrics, University of Naples "Federico II", Via S. Pansini, 5, 80131 Naples, Italy, Tel/Fax: +39.081.7464565 (staiano@unina.it).

To the Editors,

We thank Dr De Jong et al for their comments[1] on our article, "De Novo Crohn's Disease in Children with Ulcerative Colitis Undergoing Ileal Pouch Anal Anastomosis: A Multicenter, Retrospective Study From the Pediatric IBD Porto Group of the ESPGHAN."[2] The authors raise a very important issue, such as the differential diagnosis between de novo fistulizing Crohn's disease (CD) and fistula originating as a surgical complication of an undetected anastomotic leakage.[1] In their letter, De Jong and colleagues hypothesize a possible overestimation of de novo CD diagnosis in our pediatric cohort, based on their recent data in adult patients.[3] Reijntjes et al retrospectively reevaluated cross-sectional images of the pouch in 47 adult patients diagnosed with CD of the pouch, revealing long-term surgical sequelae as a potential alternative cause in nearly half of them.[3] They conclude recommending the inclusion of early MRI in the diagnostic work-up of potential de novo CD children to prevent the misdiagnosis of postoperative complications. We agree that the diagnosis of de novo CD after ileo-pouch-anal anastomosis is indeed very challenging, even considering that no validated criteria have yet been established in children. Acknowledging this, when designing our study, we tried to adopt the strictest criteria for de novo CD definition from the adult literature.[2] Looking more into details, in our cohort most of the cases (15/19, 78.9%) had a luminal involvement, including terminal ileum distal to pouch, pouch, and upper gastrointestinal tract distal to the Treitz ligament, strongly suggesting a diagnosis of de novo CD. Only in 4 out of 19 (21%) children, the perianal involvement was the exclusive sign of CD. In order to define perianal CD, our criteria required the absence of local surgical complications. However, as well underlined in the consensus article by Shen et al, anastomotic leakage may have a subclinical course becoming apparent only on pouchography or MRI.[4] Based on these considerations, due to the retrospective and multicenter nature of the study, we cannot definitely exclude that a diagnosis of anastomotic leakage may have been missed in this small subset of patients with exclusive perianal involvement.

Therefore, we strongly agree with De Jong and colleagues in recommending a careful exclusion of surgical complications before ruling out the diagnosis of de novo CD in children, even including an early MRI in the diagnostic algorithm. Larger prospective studies are, however, needed to better define the incidence of these 2 different entities, as well as to identify possible predictive factors that may help in the differential diagnosis.

Funding

None

Conflicts of Interests

The authors declare no conflict of interest to disclose regards to this letter.

References

1. Response to "De novo Crohn's disease in children with ulcerative colitis undergoing ileal pouch anal anastomosis: a multicenter, retrospective study from the pediatric IBD Porto Group of the ESPGHAN". *Inflamm Bowel Dis*. 2024:izae021. doi:10.1093/ibd/izae021
2. Martinelli M, Romeo E, Caldaro T, et al. De Novo Crohn's disease in children with ulcerative colitis undergoing ileal pouch-anal anastomosis: a multicenter, retrospective study from the pediatric IBD Porto Group of the ESPGHAN. *Inflamm Bowel Dis*. 2023:izad199. doi:10.1093/ibd/izad199
3. Reijntjes M, de Jong D, Wessels E, et al. Crohn's disease of the ileoanal pouch: a high rate of potential overdiagnoses. *Inflamm Bowel Dis*. 2023:izad228. doi:10.1093/ibd/izad228
4. Shen B, Kochhar GS, Kariv R, et al. Diagnosis and classification of ileal pouch disorders: consensus guidelines from the International Ileal Pouch Consortium. *Lancet Gastroenterol Hepatol*. 2021;6(10):826-849.

© The Author(s) 2024. Published by Oxford University Press on behalf of Crohn's & Colitis Foundation. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com

Downloaded from https://academic.oup.com/ibdjournal/advance-article/doi/10.1093/ibd/izae026/7613905 by Dipartimento Scienze Economiche e Sociali Napoli user on 11 March 2024