

Multicentre, patient preference trial. Patients with CD and perianal fistula with a single internal opening. After counselling, patients with no treatment preference, randomised to: 4-month anti-TNF therapy and surgical closure or anti-TNF therapy for 1 year, after seton insertion. Those who chose specific treatment, received it.

Primary endpoint: radiological healing assessed by MRI at 18 months, defined as complete fibrotic tract or a MAGNIFI-CD score 0.

Results:

- At 18 months, radiological healing antiTNF+surgical closure 32% vs antiTNF 9%, $p=0.005$.
- Clinical closure was not different between groups 68% antiTNF+surgery and 52% antiTNF, $p=0.076$.
- Significantly fewer patients required reoperation in the surgical group than in the antiTNF, 13% vs 43%, $p=0.005$

Conclusion:

Short-term anti-TNF treatment combined with surgical closure induces long-term MRI healing more frequently than anti-TNF therapy in patients with CD and perianal fistulas. These data suggest that patients with Crohn's perianal fistula amenable for surgical closure should be counselled for this therapeutic approach.

Short-term antiTNF therapy with surgical closure versus anti-TNF therapy in the treatment of perianal fistulas in Crohn's disease (PISA-II): a patient preference randomised trial

