

# Case Study – Crohn's

Ferring Pharmaceuticals have reviewed these slides for technical content

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# Disclosures

- ▶ Lucy Medcalf - Abbvie, Ferring, Janssen, Takeda, Pfizer
- ▶ Laura Hancock -Takeda - surgical advisor
- ▶ Andrew Murdock - Tillots
- ▶ Graeme Syme - None

# Background

- ▶ Sara - 32 years old
- ▶ Lawyer
- ▶ Lives with partner
- ▶ History of x2 pilonidal sinus over last 4 months
- ▶ Attended A&E, painful swollen abscess, admitted by General surgeons
- ▶ EUA and discharged - no follow up
- ▶ Sara saw Gp - diarrhoea, Bloods + Faecal Calprotectin
- ▶ WCC 10, Platelets 500, Hb 103, Faecal Calprotectin 2224

## Panel - What would you do?

- ▶ Would you have considered checking a faecal calprotectin?
- ▶ What is the normal follow up after EUA for pilonidal sinus?

# GP Follow up

- ▶ BO 4-5/day
- ▶ Bristol Stool Chart Type 5, no urgency, no incontinence
- ▶ Feeling better
- ▶ Abscess healed
- ▶ GP referred to Gastroenterology

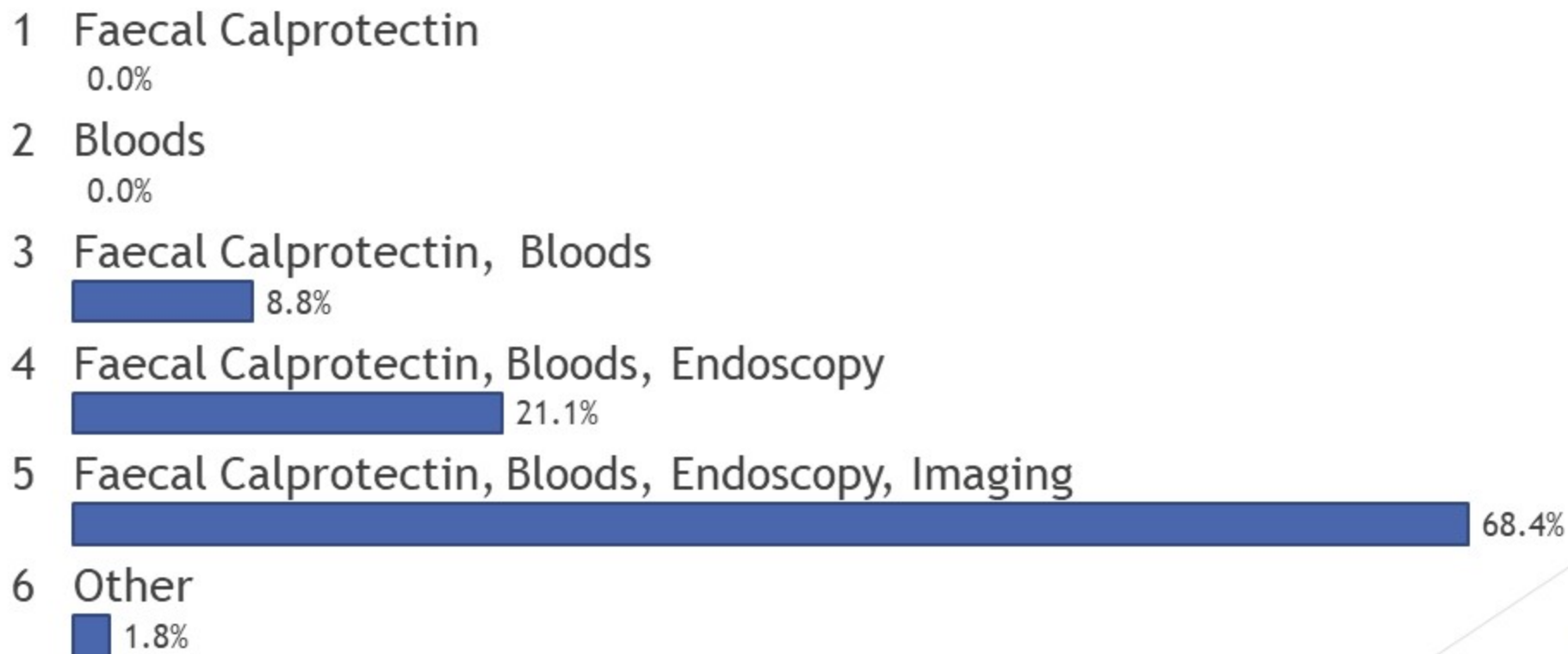
## Question:

### Gastroenterology Appointment - what would you do?

- 1 Faecal Calprotectin
- 2 Bloods
- 3 Faecal Calprotectin, Bloods
- 4 Faecal Calprotectin, Bloods, Endoscopy
- 5 Faecal Calprotectin, Bloods, Endoscopy, Imaging
- 6 Other

## Question:

### Gastroenterology Appointment - what would you do?





# Panel - What would you do?

► Anything else?



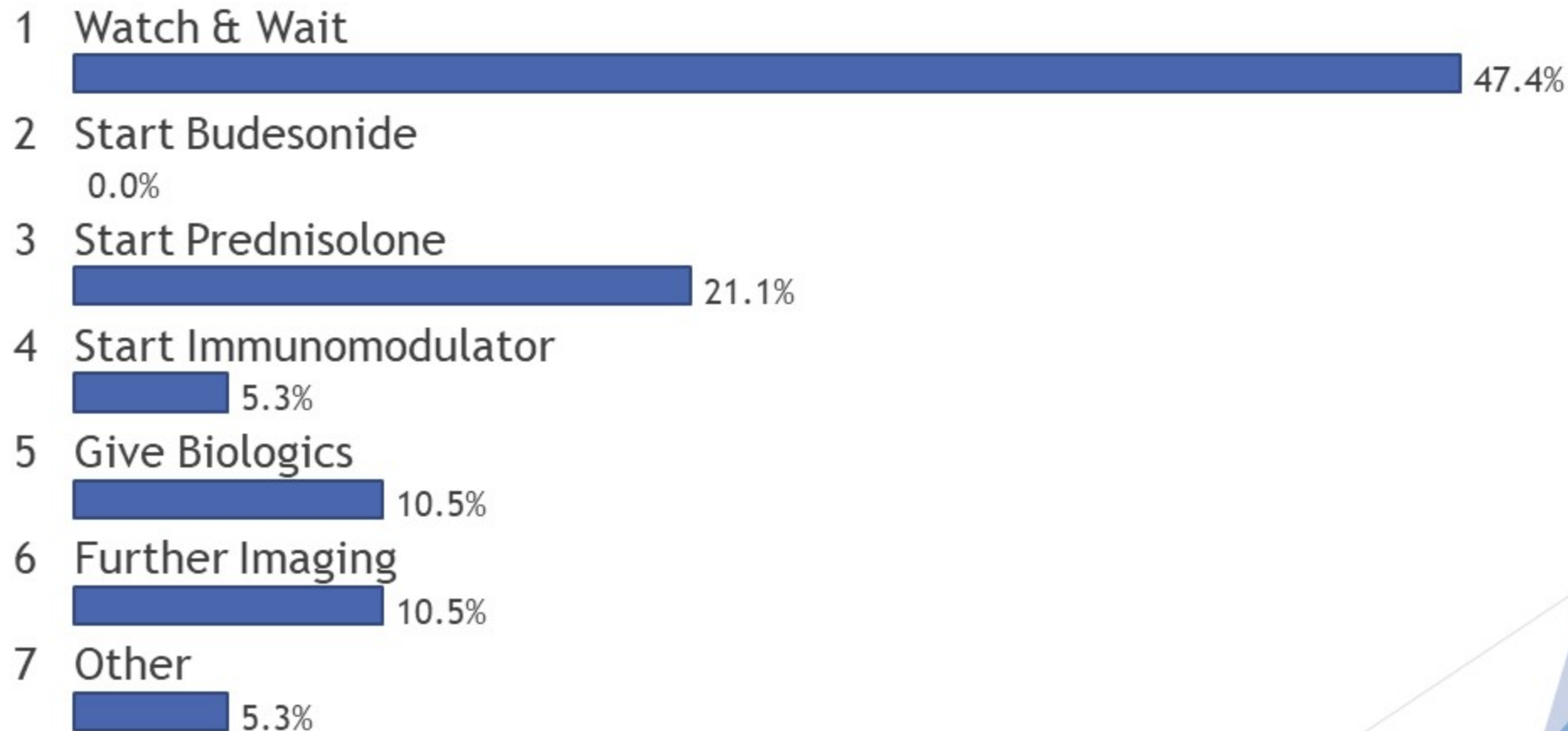
# Question:

## What would you do?

- 1 Watch & Wait
- 2 Start Budesonide
- 3 Start Prednisolone
- 4 Start Immunomodulator
- 5 Give Biologics
- 6 Further Imaging
- 7 Other

# Question:

## What would you do?



## Decision by Clinician

- ▶ Repeated the bloods, Endoscopy, MRI Enterogram
- ▶ Faecal Calprotectin - 800, Hb 109, the rest pretty normal
- ▶ Colonoscopy - TI Disease, slight erythema seen in rectum
- ▶ MRI - not carried out yet
- ▶ Started Prednisolone

## What happened next?

- ▶ Presented to A&E 10 days later,
- ▶ Unwell, fever, unable to sit
- ▶ Seen by A&E SHO

Andrew - What would you do?

# Management

- ▶ Steroids stopped
- ▶ IVI, IVABs
- ▶ CT Scan
- ▶ Referred to Surgeons
- ▶ Surgical team on call - not colorectal
- ▶ Patient had a further EUA drainage & sent home
- ▶ Plan for MRI Fistula protocol- not requested

Panel - Thoughts?

# Routine IBD Follow up (Nurse)

- ▶ Patient off all medications
- ▶ Very tearful, fed up
- ▶ Weight loss
- ▶ BO 5-6 day with urgency, episodes of incontinence
- ▶ Painful sex

## Question

### What would you do next?

1. MRI Pelvis
2. Escalate Medical treatment
3. Urgent referral to dietician
4. All of the above
5. Other
6. Panel - What are your thoughts ?



## Question

### What would you do next?



# Conclusion

- ▶ Missed opportunities
- ▶ No discussions across the teams

## Sarah Now

- ▶ Much better
- ▶ Setons in-situ
- ▶ On Infliximab
- ▶ Pregnant!

Thank you

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