International Symposium | All

Fri. Nov 20, 2026 2:00 PM - 3:30 PM JST | Fri. Nov 20, 2026 5:00 AM - 6:30 AM UTC | Room 5 (1F 102)

International Symposium State-of-the-Art Management of IBD: Integrating Medical and Surgical Strategies in Clinical Practice

Moderator: Katsuyoshi Matsuoka (Division of Gastroenterology and Hepatology, Department of Inernal Medicine, Toho University Sakura Medical Center, Japan), Keisuke Hata (Toyoshima Endoscopy Clinic, Japan. Faculty of Medicine, The University of Tokyo, Japan)

[IS-3] Management of Crohn's Perianal Fistula: Indications, Timing, and Outcomes

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Crohn's perianal fistula (CPF) remains one of the most challenging manifestations of Crohn's disease, significantly impairing quality of life and frequently requiring multidisciplinary management. Despite substantial advances in biologic therapies, surgical intervention continues to play a pivotal role in achieving durable fistula healing and controlling sepsis.

The management of CPF should be individualized according to fistula anatomy, disease activity, and the presence of rectal inflammation. Initial treatment focuses on adequate drainage and sepsis control, most commonly through seton placement. While long-term fistula closure rates with seton drainage alone remain limited, it provides an essential bridge to subsequent definitive treatment and optimization of medical therapy.

Advances in biologic agents, particularly anti-TNF therapy, have improved outcomes when combined with appropriate surgical management. However, a considerable proportion of patients continue to experience persistent or recurrent disease. Therefore, sphincter-preserving strategies have gained increasing attention. In selected patients with simple fistulas and controlled luminal disease, fistulotomy may achieve excellent long-term healing rates. For complex fistulas, regenerative approaches such as mesenchymal stem cell therapy have demonstrated promising efficacy and safety. At our institution, long-term fistula closure rates following stem cell therapy exceeded 80% in carefully selected patients. More recently, polynucleotide (PDRN) injection therapy has been utilized as an adjunctive treatment, showing accelerated healing and improved closure rates compared with conventional management.

Based on contemporary evidence and our institutional experience, successful CPF management requires appropriate patient selection, optimal timing of surgical intervention, meticulous control of perianal sepsis, and close integration with medical therapy. Future treatment strategies are expected to incorporate regenerative medicine and personalized multidisciplinary approaches to further improve long-term outcomes and quality of life in patients with Crohn's disease.

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