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### Use of ustekinumab in Crohn's disease: Singapore largest single-centre experience

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**Background:** Ustekinumab is the latest therapeutic option for Crohn's disease (CD). Efficacy and safety outcomes of its use in the Asia CD population, however, have not been reported.
**Methods:** Patients with CD who received minimum 14 weeks of UST were included. The primary outcome was the percentage of patients who achieved remission by global physician assessment, GPA [defined by Steroid Free Remission (Harvey Bradshaw Index ≤4 and absence of systemic corticosteroid), stool calprotectin <250 μg/g and CR $p$ < 5mg/l] at baseline, weeks 14, 24 and 54. Secondary outcomes included steroid-free remission, normalisation of CRP (<5mg/l), mucosal healing (absence of mucosal ulceration), transmural healing (absence of disease activity on CT/MR enterography); and adverse events including infection, infusion reaction, malignancy and surgery.
**Results:** Twenty-two patients were included in this study (Table 1). 22.7%, 50% and 55.6% of patients achieved remission by GPA at weeks 14, 24 and 54 respectively (Table 2). Two (2/5.40%) patients achieved mucosal healing with the median time to scope of 12 (IQR 4.5–15) months. Three (3/7, 42.9%) patients achieved transmural healing with the median time to scan of 8 (IQR 5–11) months. Reported on-treatment infection included pharyngitis, adenovirus, norovirus diarrhoea, dental abscess, shingles and cutaneous *Mycobacterium* abscessus. Four had surgery during the follow-up. No cases of an infusion reaction or malignancy were reported.

**Table 1.** Baseline demographics

| | $N$ = 22, $n$ (%) |
|---|---|
| Gender, male | 14 (63.6%) |
| Smoking | |
| Nonsmoker | 16 (72.7%) |
| Ex-smoker | 3 (13.6%) |
| Smoker | 3 (13.6%) |
| Duration of disease (years), median (IQR) | 9.5 (3–12.25) |
| Montreal classification | |
| Age | |
| A1: ≤16 | 6 (27.3%) |
| A2: 17–40 | 12 (54.5%) |
| A3: >40 | 4 (18.2%) |
| Location | |
| L1: ileal | 5 (22.7%) |
| L2: colonic | 3 (13.6%) |
| L3: ileocolonic | 12 (54.5%) |
| L3+L4 (upper GI) | 2 (9.1%) |
| Behaviour | |
| B1: inflammatory | 6 (27.3%) |
| B2: stricturing | 8 (36.4%) |
| B3: fistulising | 8 (36.4%) |
| Perianal involvement | 6 (27.3%) |
| History of bowel surgery | 12 (54.5%) |
| Biologic experienced | 19 (86.4%) |
| Number of baseline biologic(s) | |
| 0 | 3 (13.6%) |
| 1 | 8 (36.4%) |
| 2 | 9 (40.9%) |
| 3 | 2 (9.1%) |
| Baseline concomitant medications | |
| Immunomodulator | 13 (59.1%) |
| Steroid | 6 (27.3%) |
| Immunomodulator + steroid | 4 (18.2%) |

**Conclusion:** Efficacy and safety profile of ustekinumab in local patients with CD is comparable to their western counterpart in this first real-world Asia cohort.

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### Application of enhanced recovery after surgery in single-port laparoscopic partial small intestine resection in the treatment of Crohn's disease

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**Background:** Single-incision laparoscopic surgery (SILS) with enhanced recovery after surgery (ERAS) can reduce operation trauma and accelerate postoperative rehabilitation. This study aims to investigate the safety and feasibility of SILS with ERAS in the treatment of Crohn's disease.
**Methods:** Thirty patients with Crohn's disease were randomly assigned to receive traditional laparoscopic surgery plus ERAS ($n$ = 20) and SILS plus ERAS ($n$ = 18) , respectively. Comparisons and analysis were made between the two groups in the perioperative conditions.
**Results:** There were significant differences in the mean operation time between the two groups ($p$ < 0.01) , There were no significant differences in the intra-operative blood loss, postoperative complications rates, the time to first flatus and treatment cost ($p$ > 0.05). There were significant differences in the postoperative hospital stay between the two groups ($p$ < 0.05). WBC, CRP and PCT in SILS plus ERAS group were lower than those in the control group at the first days and the third days after operation, the differences were statistically significant ($p$ < 0.05).
**Conclusion:** SILS plus ERAS can shorten postoperative hospital stay and facilitate bowel function recovery in the treatment of Crohn's disease. It is worthwhile to mention the nice cosmetic benefits of SILS, the perioperative SILS plus ERAS program is safe and effective and should be popularised in Crohn's disease.

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### The level of intestinal inflammation and fibrosis in resection specimens after preoperative anti-tumour necrosis factor-α treatment in patients with Crohn's disease: a comparative pilot study

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**Background:** Strictures are a common complication in Crohn's disease (CD), which are found in more than 50% of the patients. They are characterised by excessive deposition of extracellular proteins in the tissue as a result of the chronic inflammatory process. The effect of anti- TNF-α therapy on the development of fibrosis is not yet fully understood. The aim of the study was
**t** o investigate whether the degree of intestinal inflammation and fibrosis correlates with pre-operative anti-TNF-α therapy in patients with Crohn's disease undergoing bowel resection.