20-year-old Female with Wegener's Granulomatosis and Rituximab-induced Hypogammaglobulinemia now with Significant Weight Loss and Recurrent Perianal Abscesses and Fistula Drained x 5 in the UK

Diagnostic and Therapeutic Challenges

(Is health care better in the UK?)

IBD Live May 14, 2026
Presenter: Kimberly Ho, MD PGY-2
Mentor: Samir Shah, MD, MACG

Acknowledgements:
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Singer and Lead cowbell: The Beacons (official band of the ACG)

The Sonic Trial and Future Considerations

- randomized, double-blind trial
- Population: 508 adults with moderate-to-severe Crohn's disease who had not undergone previous immunosuppressive or biologic therapy
- Arm 1: infliximab monotherapy (5 mg of infliximab per kilogram of body weight at weeks 0, 2, and 6 and then every 8 weeks plus daily oral placebo capsules)
- Arm 2: azathioprine monotherapy (2.5 mg of oral azathioprine per kilogram daily plus a placebo infusion on the standard schedule)
- Arm 3: two drugs combined
- Primary endpoint: corticosteroid-free clinical remission at week 26
  - Combination therapy, 96 (56.8%) achieved this. Mucosal healing had occurred in 47 of 107 patients (43.9%)
  - IFX only: 75 of 169 patients (44.4%). Mucosal healing in 28 of 93 patients (30.1%)
  - AZA only: 51 of 170 patients (30.0%). Mucosal healing in 18 of 109 patients (16.5%)
  - Serious infections developed in 3.9% of patients in the combination-therapy group, 4.9% of those in the infliximab group, and 5.6% of those in the azathioprine group.

Conclusion: Combination therapy with infliximab plus azathioprine achieves higher rates of steroid-free remission (56%) [9]

In this patient, the decision to add azathioprine should weigh the benefit of reduced anti-drug antibody formation against the risk of compounding immunodeficiency. Per AAAAI, treatment of SHG includes removal of iatrogenic causes (eg, discontinuation of an offending drug) or treatment of the underlying condition (eg, management of nephrotic syndrome). [7]

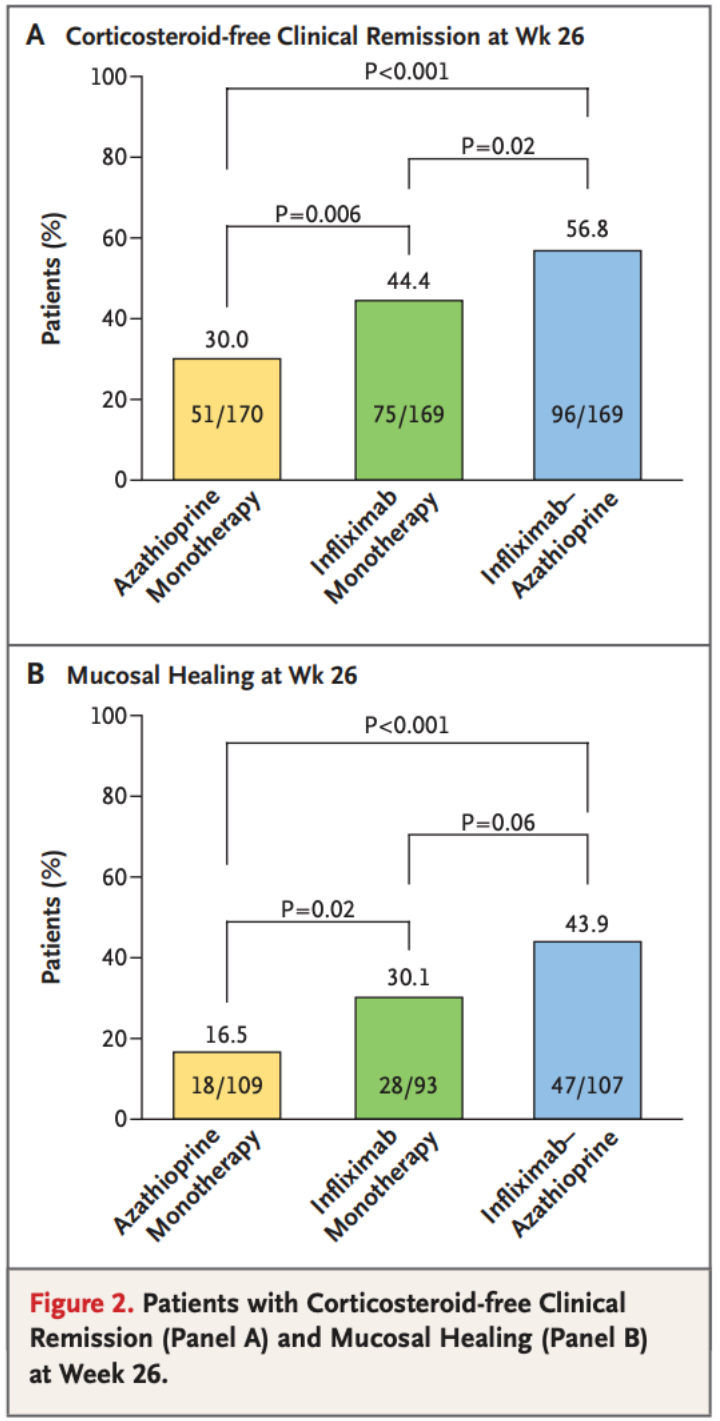

Figure 2. Patients with Corticosteroid-free Clinical Remission (Panel A) and Mucosal Healing (Panel B) at Week 26.

Summary and Timeline

TIMELINE	EVENT	TX
8/29/25	Hospitalized for perirectal abscess	1st I+D
Sept-Nov 2025	Went back to England	4x I+D
12/2025	Hospitalized at Brown for perirectal abscess	6th I+D
12/2025	**First office visit with Dr. Shah**	Protein supplements, budesonide
1/2026	Office visit with improvement	IVIG, downtitrated budesonide
2/2026	Hospitalization for perirectal abscess and fistula. Rectal bx c/w Crohn's.	Hanley procedure and fistulotomy with 2 setons
3/5/26	SBE, sigmoidoscopy, IUS done confirming CD	1st dose IFX @ 5 mg/kg
3/19/26		2nd dose IFX @ 5 mg/kg
4/30/26		3rd dose IFX @ 10 mg/kg
4/27/2026 onwards		IFX @ 10mg/kg Q6

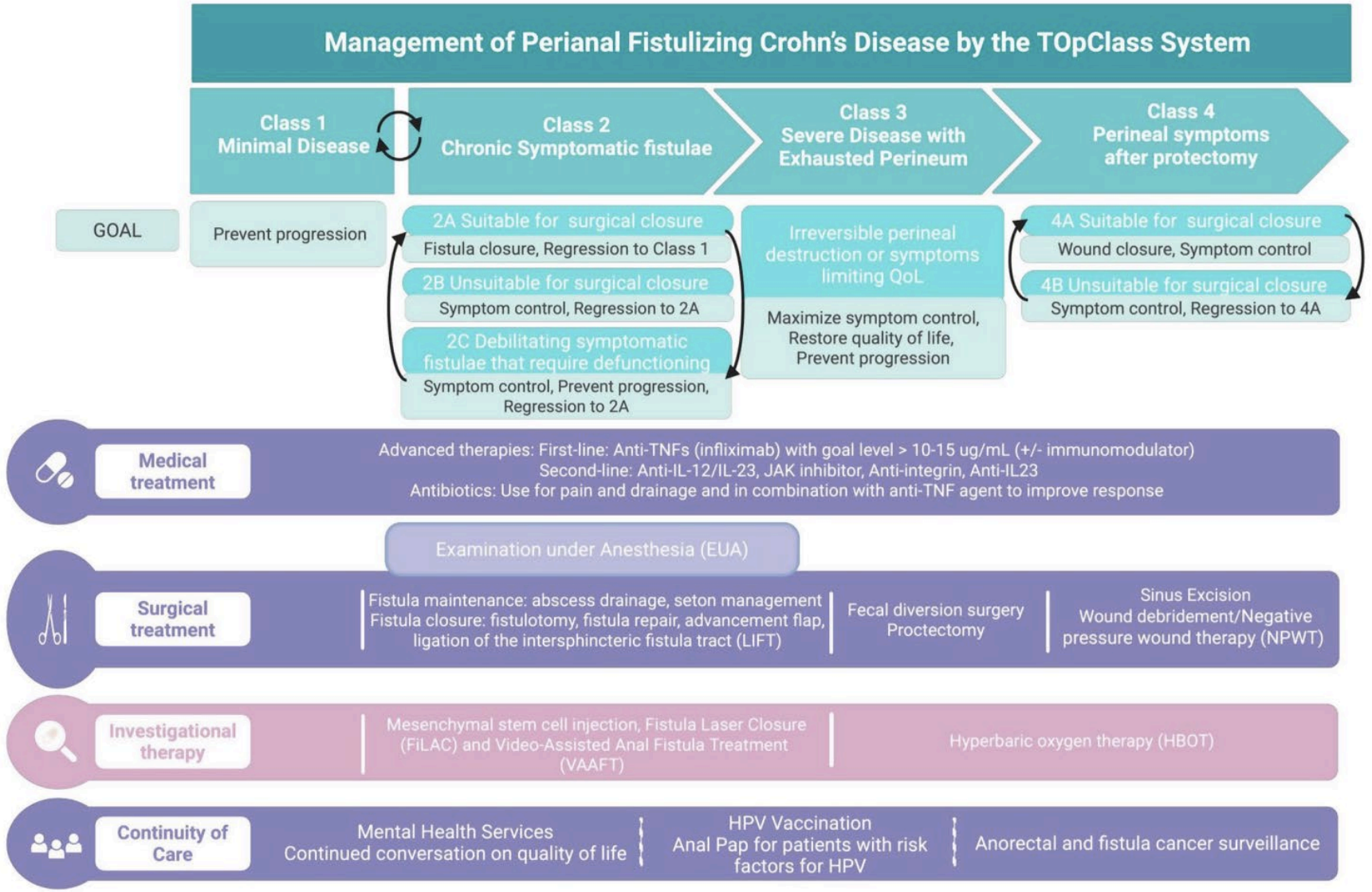

Fig. 1 Management of perianal fistulizing Crohn's disease by the TOpClass system. Diagram summarizing the TOpClass perianal fistulizing Crohn's disease classification and their management

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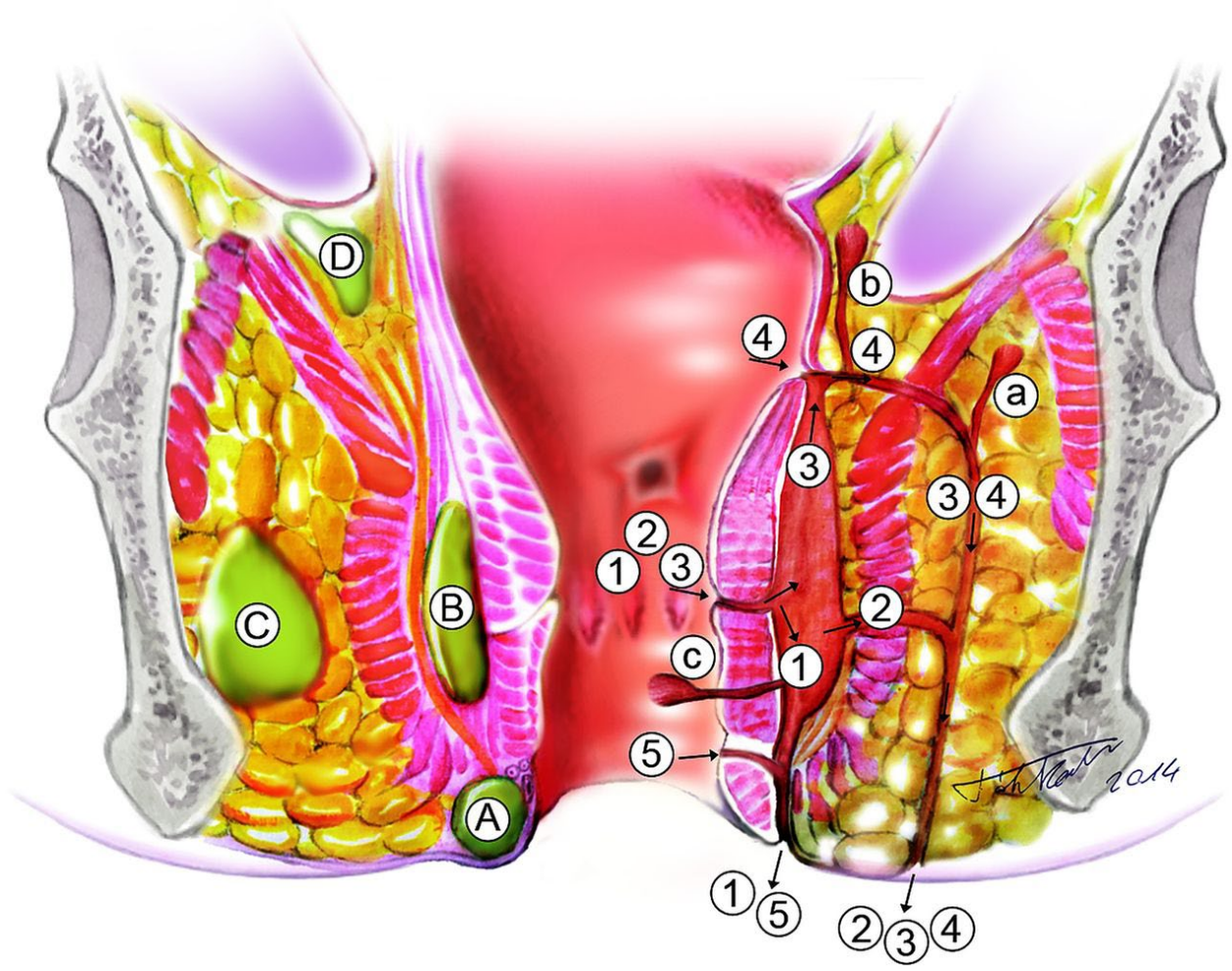
Disease characteristics relevant for fistula management.



Krisztina B Gecse et al. Gut 2014;63:1381-1392

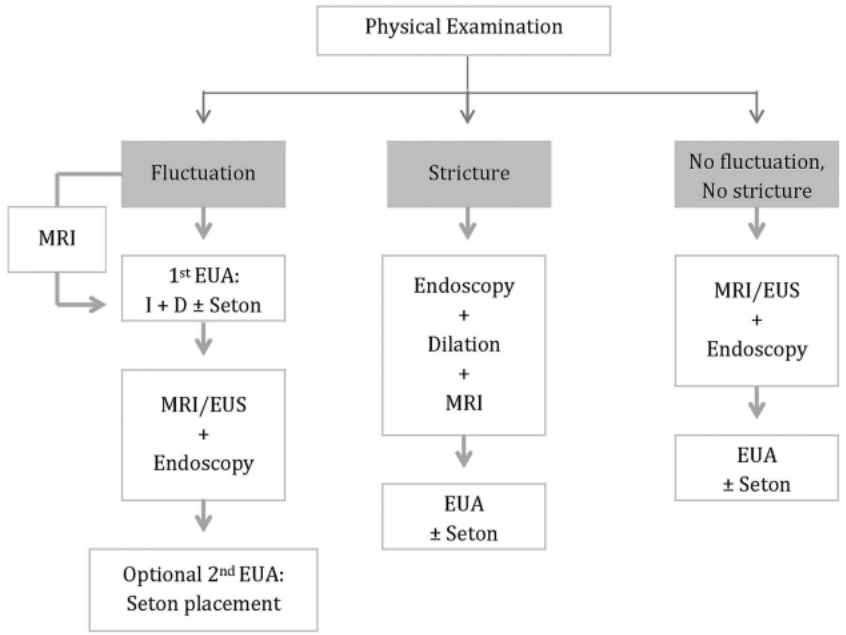


Figure 4 Diagnostic algorithm for perianal fistulising Crohn's disease. In perianal abscess is suspected, MRI is an optional diagnostic method, if readily available, before surgical incision and drainage. Alternatively diagnostic endoscopy can also be performed during examination under anaesthesia (EUA), to minimise patient discomfort. A second EUA might be necessary if seton placement is needed or was not successful upon the first EUA. When stricture is present, Bougie or gentle finger dilation is preferable to preserve sphincter function. EUS, endoanal ultrasound.

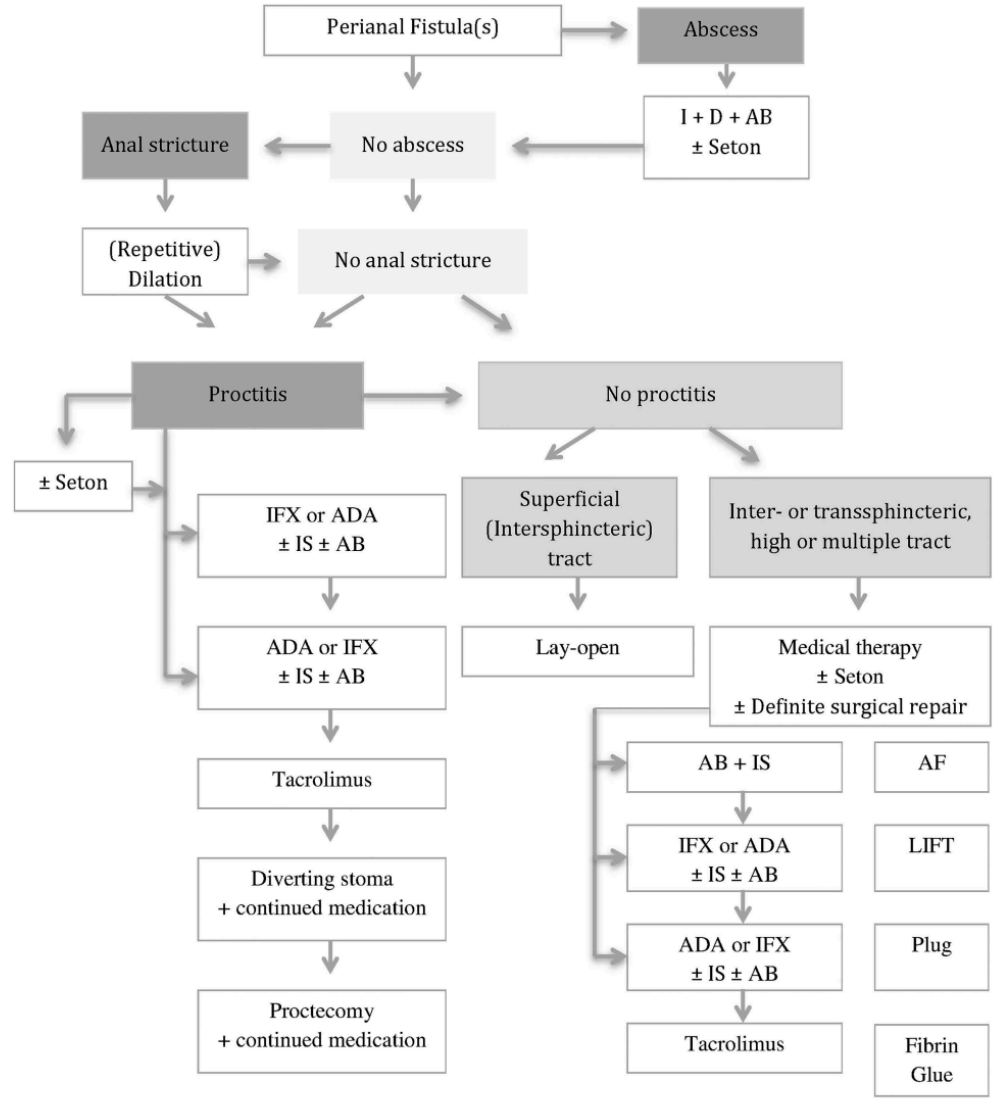


Figure 5 Treatment algorithm for perianal fistulising Crohn's disease. AB, antibiotics; ADA, adalimumab; AF, advancement flap; D, drainage; I, incision; IFX, infliximab; IS, immunosuppressants; LIFT, ligation of the intersphincteric fistula tract.

Gecse KB, et al. Gut 2014;63:1381–1392. doi:10.1136/gutjnl-2013-306709

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Fireside chat time ☺

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