**LOCAL INJECTION OF INFliximAB FOR THE TREATMENT OF PERIANAL FISTULAS IN CROHN´S DISEASE**

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**BACKGROUND**
- Perianal fistulization is a serious complication that affects up to 30% of patients with Crohn’s disease (CD).
- It has been suggested that intrafistula injection of infliximab could have some potential healing benefit becoming an adjuvant therapy or an alternative when intravenous infusion is contraindicated.

**PURPOSE**
We describe…
- Preparation
- Posology
- Effectiveness
- Tolerance

**MATERIALS AND METHODS**
Our patients:
- 27 year-old woman and 30 years-old man diagnosed with CD with luminal disease control with certolizumab and adalimumab, respectively.
- Both with multiple perianal draining fistulas without abscesses.
- Both previously treated with infliximab. One experienced infusion reaction and the other one relapsed.
- The gastroenterology physician requested our service for the preparation of infliximab syringes to inject into each patient’s fistula of the patients.

**RESULTS**
- **Preparation**: In the pharmacy service, under aseptic conditions
  - 100 mg infliximab vial
  - Dilute with 10 mL of water for injection
  - 10 mg/mL solution
  - 2 mL of this dilution (20mg/2mL)
  - Add 12 mL dextrose 5%

- **Posology**:
  - One syringe per fistula: at the internal and external orifices and along the tract.
  - Scheduled at weeks 0, 4, 8, 12, 16 and 20.
  - Under general anaesthesia
  - Once informed consent was signed.

- **Effectiveness**:
  - Assessed before the injection of the next dose.
  - Remission: complete cessation of fistula drainage
  - Response: > 50% reduction of the draining orifices.
  - Results: after the third dose (week 8) both patients had achieved response, one without remission.

- **Tolerance**:
  - No adverse effects were reported.

**CONCLUSIONS**
- Although cases reported are very scarce, local infliximab injections may help in fistula healing and have good tolerance even for patients not suitable for intravenous infusion.

Conflict of interest: None