

## **European Consensus Guidelines (ECCO) on the management of Crohn's disease**

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Recently, the European Crohn's and Colitis Organisation (ECCO), a forum for specialists in inflammatory bowel disease from 22 European countries, published the results of their Consensus on the management of Crohn's disease (1-3), a 35.000 word and 727-reference review with 132 ECCO statements on different aspects of the management of Crohn's disease.

The aim of the Consensus was to promote a European perspective on the management of Crohn's disease and its dilemmas. This is particularly important when most clinical trials on inflammatory bowel disease recruit from Central and Western Europe. The Consensus does not replace national guidelines where they exist, but complements them.

For this consensus, working parties performed a systematic literature review of 14 topics from definitions and diagnosis to the management of active disease. Detailed questionnaires on each topic were circulated to 60 European IBD specialists, to gauge and quantify opinion on contentious issues that lack a sufficient evidence base. All ECCO statements on the management of Crohn's disease drafted by the working parties were amended until >80% agreement was reached among these 60 specialists. Each statement was accompanied by an Evidence Level and Recommendation Grade according to internationally agreed criteria (4).

According to this Consensus, budesonide 9 mg/day is the preferred treatment for mild to moderate Crohn's disease (EL2a, RGB). The benefit of mesalazine was judged limited (EL1a, RGB) whereas antibiotics cannot be recommended (EL1b, RGA). No treatment was also estimated an option for some patients with mild symptoms (EL5, RGD).

Severely active localized ileocaecal CD should initially be treated with systemic corticosteroids (EL1a, RGA). For those who have relapsed, azathioprine/mercaptopurine should be added (EL1a, RGB), or if intolerant or ineffective, MTX should be considered (EG1a, RGB). Infliximab should be considered in addition for steroid- or immunomodulator refractory disease (EG1b, RGA), although surgery should also be considered and discussed

### References

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