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A Meta-analysis Showed No Independent Relationship of Infliximab in Comparison to Many Other Types of Treatments in Pediatric Crohn's Disease

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SUMMARY. **The present meta-analysis was conducted to assess the effectiveness and safety of infliximab against pediatric Crohn's disease in comparison to several other treatments. The data showed no significant difference between infliximab taken every 8-weeks and taken less than every 8-weeks in clinical remission at 1 year with infliximab administration (OR, 2.19; 95% CI, 0.86-5.55, *p* = 0.10). Infliximab and other immunosuppressive medication in the maintenance of endoscopic remission at > 6 months (OR, 1.99; 95% CI, 0.96-4.12, *p* = 0.06) showed no prominent difference. Moreover, no significant difference was found between infliximab and exclusive enteral nutrition in the induction of clinical remission at 8 weeks (OR, 1.64; 95% CI, 0.63-4.26, *p* = 0.31). Additionally, no significant difference was found between infliximab and exclusive enteral nutrition in fecal calprotectin reduction >50% as a marker of intestinal mucosal inflammation healing (OR, 1.10; 95% CI, 0.47-2.58, *p* = 0.83). Thus, infliximab has no independent relationship compared to various other types of treatment in pediatric Crohn's disease with a relative relationship favoring infliximab compared to other immunosuppressive medication in the maintenance of endoscopic remission at > 6 months. Therefore, use of infliximab as second-line treatment in pediatrics with Crohn's disease for whom standard care has failed, until further suggestions, are available.**

RESUMEN. El presente metanálisis se realizó para evaluar la eficacia y la seguridad de infliximab contra la enfermedad de Crohn pediátrica en comparación con otros tratamientos. Los datos no mostraron diferencias significativas entre infliximab tomado cada 8 semanas y menos de cada 8 semanas en remisión clínica al año con la administración de infliximab (OR, 2,19; IC del 95 %, 0,86-5,55, *p* = 0,10). Infliximab y otros medicamentos inmunosupresores en el mantenimiento de la remisión endoscópica a > 6 meses (OR, 1,99; IC del 95 %, 0,96-4,12, *p* = 0,06) no mostraron diferencias destacadas. Además, no se encontraron diferencias significativas entre infliximab y nutrición enteral exclusiva en la inducción de la remisión clínica a las 8 semanas (OR, 1,64; IC 95%, 0,63-4,26, *p* = 0,31). Además, no se encontraron diferencias significativas entre infliximab y nutrición enteral exclusiva en la reducción de calprotectina fecal > 50 % como marcador de curación de la inflamación de la mucosa intestinal (OR, 1,10; IC del 95 %, 0,47-2,58, *p* = 0,83). Por lo tanto, infliximab no tiene una relación independiente en comparación con otros tipos de tratamiento en la enfermedad de Crohn pediátrica con una relación relativa que favorece a infliximab en comparación con otros medicamentos inmunosupresores en el mantenimiento de la remisión endoscópica a > 6 meses. Por lo tanto, el uso de infliximab como tratamiento de segunda línea en pediatría con enfermedad de Crohn para quienes la atención estándar ha fallado, hasta que se disponga de más sugerencias.

KEY WORDS: clinical remission, Crohn's disease, endoscopic remission, exclusive enteral nutrition, infliximab, immunosuppressive medication, pediatric.

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