Crohn's Disease in Adults

Diagnosis, stepwise medical therapy, fistulizing disease, and postoperative management of Crohn's disease.

2025 ACG Clinical Guideline
Management of Crohn's Disease in Adults
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GRADE — Strong Rec — Conditional Rec

1 Diagnosis, Endoscopy & Treatment Philosophy

STATEMENT	GRADE
Fecal calprotectin (cutoff 50–100 µg/g) to differentiate inflammatory from noninflammatory colonic disease	1 · Strong
Routine endoscopic CRC surveillance in Crohn's colitis for early detection and improved cancer-free survival	1 · Strong
Against requiring failure of conventional therapy before starting advanced therapy	2 · Conditional

2 Mild–Moderate Disease / Lower Risk

STATEMENT	GRADE
Against oral mesalamine for induction or maintenance in mildly–moderately active CD	1 · Strong
Budesonide (controlled ileal release) 9 mg/d for induction of symptomatic remission in mild–moderate ileocecal CD	1 · Strong
Against budesonide for maintenance of remission in mild–moderate ileocecal CD	1 · Strong

3 Moderate–Severe Disease — Conventional Agents & Anti-TNF

STATEMENT	GRADE
Oral corticosteroids for short-term induction in moderate–severe CD	1 · Strong
Against thiopurines (azathioprine/6-MP) for **induction** in moderate–severe CD	1 · Strong
Thiopurines suggested for **maintenance** after corticosteroid-induced remission	2 · Conditional
TPMT testing before starting azathioprine/6-MP	1 · Strong
Methotrexate (up to 25 mg/wk IM/SC) for maintenance after corticosteroid-induced remission	2 · Conditional
Anti-TNF agents (infliximab, adalimumab, certolizumab pegol) for induction and maintenance	1 · Strong
Combination therapy (IV infliximab + thiopurine) over either agent alone in naive patients	1 · Strong
Subcutaneous infliximab as a maintenance option after response to IV induction	1 · Strong

4 Moderate–Severe Disease — Newer Biologics & Small Molecules

STATEMENT	GRADE
IV vedolizumab for induction/maintenance; **SC vedolizumab** as maintenance option after 2 IV induction doses	1 · Strong
Ustekinumab for induction and maintenance in moderate–severe CD	1 · Strong
Risankizumab for induction/maintenance; preferred **over ustekinumab** with prior anti-TNF exposure	1 / 2
Mirikizumab for induction and maintenance in moderate–severe CD	1 · Strong
Guselkumab (IV induction → SC maintenance, or SC induction/maintenance) in moderate–severe CD	1 · Strong
Upadacitinib for induction/maintenance after prior anti-TNF exposure	1 · Strong

5 Fistulizing CD

STATEMENT	GRADE
Infliximab for induction of remission in perianal fistulizing CD	1 · Strong
Adalimumab suggested for induction in perianal fistulizing CD	2 · Conditional
Antibiotics + infliximab/adalimumab to improve clinical response	2 · Conditional
Vedolizumab, **ustekinumab**, or **upadacitinib** suggested for induction in fistulizing CD	2 · Conditional

6 Postoperative CD & Surgical Referral

STATEMENT	GRADE
Postoperative endoscopic assessment at 6–12mo over no monitoring after surgically induced remission	2 · Conditional
Low postoperative recurrence risk: continued observation preferred over immediate medical therapy	2 · Conditional
Metronidazole 1–2 g/d after small intestinal resection to prevent recurrence	2 · Conditional
High-risk CD: anti-TNF therapy recommended, vedolizumab suggested, to prevent postoperative recurrence	1 / 2
Intra-abdominal abscess >2cm: antibiotics + drainage; hold immunosuppression until drainage achieved	2 · Conditional

Lichtenstein GR, Loftus EV, Afzali A, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. *Am J Gastroenterol.* 2025;120(6):1225-1264.