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Summary

Maintaining remission after surgery

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Endoscopy | Surgery

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Maintaining Crohn's disease remission after ileocolonic resection requires moving beyond clinical risk stratification to address three key mechanisms: residual inflammation, persistent disease susceptibility, and relapse-prone biological memory.

KEY POINTS

- Clinical risk factors provide only moderate accuracy for predicting post-operative recurrence, with validated models achieving an area under the curve of 0.7, and late recurrence remains particularly challenging to predict.
- Residual inflammation is common after resection, with the speaker reporting that 30% of patients have inflammation at the ileal margin and 9% at the colonic margin, and transmural inflammation at these margins is associated with increased clinical recurrence risk.
- The speaker presented microbiome composition as a better predictor of recurrence than clinical variables, with distinct signatures observed in patients who develop recurrence versus those who remain in remission at six-month endoscopy.
- Anti-TNF therapy is the most effective post-operative prophylaxis currently available according to meta-analysis data presented, more effective than thiopurines, and the speaker noted it should be started within four weeks after surgery.
- The pre-operative window represents a critical opportunity for intervention, with the speaker reporting that exclusive enteral nutrition used preoperatively reduces complications and postoperatively reduces recurrence risk.
- Visceral adipose tissue, particularly the mesentery, may harbor relapse-prone immune and tissue states, with the speaker reporting that the ratio of subcutaneous to visceral adipose tissue is associated with postoperative complications and endoscopic recurrence.

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