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Summary

RECURRENCE OF CROHN'S DISEASE AFTER ILEOCECAL RESECTION – ASSOCIATION WITH EOSINOPHILIC PLEXITIS IN RESECTED SPECIMEN

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UEG Week Berlin 2025 Poster

IBD

October 4, 2025

A pilot study of 20 Crohn's disease patients after ileocecal resection found that eosinophilic plexitis in the proximal resection margin was correlated with endoscopic recurrence (p=0.05).

KEY POINTS

- In 20 CD patients examined after ileocecal resection, 9 developed endoscopic recurrence and 11 did not, with 6 non-IBD controls included for comparison
- Eosinophilic plexitis (eosinophils inside or directly adjacent to myenteric or submucosal plexa) in the proximal resection margin was significantly associated with endoscopic recurrence compared to controls (p=0.004)
- During follow-up, 10 patients had clinical recurrence, 4 had surgical recurrence, and 5 were lost to follow-up
- The study used enhanced hematoxylin-eosin staining combined with S100 immunohistochemistry to identify and quantify eosinophils in nerve plexa at the resection margin
- The authors suggest eosinophilic plexitis could potentially serve as a prognostic tool for risk assessment of recurrence in larger cohorts

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