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Summary

UPPER GASTROINTESTINAL CROHN'S DISEASE DOES NOT CONFER INTRINSIC BIOLOGIC RESISTANCE BUT REMAINS ASSOCIATED WITH INCREASED INTESTINAL SURGERY DESPITE BIOLOGIC THERAPY

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Upper gastrointestinal Crohn's disease does not reduce biologic persistence but independently increases long-term intestinal resection risk, driven primarily by combined L4a/L4b involvement.

KEY POINTS

- In 9,524 biologic-treated Crohn's disease patients from the ENEIDA registry, 27.9% had upper gastrointestinal involvement (L4) with median follow-up of 81 months.
- L4 phenotype was not associated with reduced biologic persistence (HR 1.03; 95% CI 0.96–1.10) after adjustment for biologic class and baseline characteristics.
- L4 was independently associated with increased intestinal resection (HR 1.19; 95% CI 1.04–1.36), with combined L4a/L4b involvement driving this risk (HR 1.47; 95% CI 1.15–1.88).
- Isolated L4a (HR 1.00; 95% CI 0.59–1.67) and L4b (HR 1.14; 95% CI 0.97–1.33) phenotypes were not significantly associated with surgery.
- Ustekinumab showed the highest treatment durability and lower risk of intestinal resection across the cohort, with no significant interaction between drug type and L4 phenotype.
- Findings suggest L4 phenotype identifies patients at higher surgical risk rather than impaired pharmacologic responsiveness to biologics.

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