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Summary

LONG-TERM RISK OF DELAYED POSTOPERATIVE CROHN'S DISEASE RECURRENCE IN PATIENTS WITH NO OR MILD RECURRENCE AT FIRST ENDOSCOPIC ASSESSMENT

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In a retrospective study of 185 Crohn's disease patients with no endoscopic recurrence at first postoperative assessment after ileocecal resection, 61% remained free of endoscopic recurrence at 10 years and early prophylactic therapy was protective against clinical recurrence.

KEY POINTS

- Among patients with no endoscopic postoperative recurrence (Rutgeerts i0-i1) at first assessment within 18 months after ileocecal resection, cumulative probability of remaining free of endoscopic recurrence was 97% at 1 year, 68% at 5 years, and 61% at 10 years.
- During median follow-up of 104 months, 30% developed clinical recurrence, 31% required rescue treatment, and 5% underwent surgical recurrence.
- In multivariate analysis, early prophylactic treatment was protective for clinical recurrence (OR 0.54, p=0.026) and need for rescue therapy (OR 0.43, p=0.007), while Rutgeerts i0 at index colonoscopy was the only factor preventing delayed recurrence.
- The authors conclude that periodical non-invasive monitoring appears suitable for this patient population, particularly when early prophylaxis was started or no endoscopic lesions were observed at index assessment.

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