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Summary

POSTOPERATIVE RECURRENCE IN CROHN'S DISEASE: COMPARING PROACTIVE VERSUS REACTIVE MANAGEMENT STRATEGIES AFTER ILEOCECAL RESECTION - A MULTICENTER RETROSPECTIVE STUDY

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Prophylactic therapy with thiopurines or biologics within 6 months of ileocecal resection significantly reduced short-term endoscopic recurrence in Crohn's disease compared to reactive treatment, though benefits diminished by 15-36 months.

KEY POINTS

- Endoscopic recurrence at 6-12 months was significantly lower with prophylactic therapy (51.54%) versus reactive approach (64.83%), p=0.007, with adjusted OR 1.893 favoring prophylaxis after controlling for age at surgery and prior biologic exposure.
- Prophylaxis also reduced clinical recurrence (23.08% vs 36.36%, p=0.002), biochemical recurrence (33.81% vs 48.89%, p=0.004), and severe endoscopic recurrence (22.31% vs 32.55%, p=0.028) at 6-12 months.
- In high-risk patients with a single risk factor, prophylaxis reduced endoscopic recurrence (49.06% vs 65.75%, p=0.033) and surgical recurrence (2.56% vs 11.58%, p=0.017); in those with multiple risk factors, benefits were seen mainly in clinical and biochemical recurrence.
- In low-risk patients, prophylaxis reduced severe endoscopic recurrence (10.52% vs 34.48%, p=0.037) but not other outcomes.
- No significant differences were observed between strategies at 15-36 months or in long-term surgical recurrence rates (p=0.438), indicating that prophylaxis benefits diminish over time.
- Study limitations include its retrospective design with potential selection bias and reduced statistical power in subgroup analyses, limiting precise identification of which patient categories benefit most from different strategies.

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