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Summary

# WHEN CROHN'S RETURNS: CRITICAL RISK FACTORS FOR POST-ILEOCECAL RESECTION RECURRENCE

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**Multicenter retrospective study of 1,066 Crohn's disease patients identified independent risk factors for surgical recurrence after ileocecal resection, including previous resection, large resection extent, perianal disease, and continued smoking.**

## KEY POINTS

- In 1,066 patients followed for a median of 70 months, 9.5% required recurrent surgery at a median of 78.5 months after ileocecal resection.
- Multivariate analysis identified previous intestinal resection (aOR 5.70), large resection ≥50 cm (aOR 4.04), perianal disease (aOR 2.58), and continued smoking (aOR 2.23) as independent predictors of surgical recurrence.
- Ileal localization was protective (OR 0.35), while colonic involvement increased risk (OR 3.00) in univariate analysis.
- Unlike prior research, penetrating disease behavior was not associated with increased recurrence risk in this cohort.
- The authors suggest these findings may inform personalized postoperative management and challenge some aspects of current risk stratification guidelines.

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