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Summary

PREDICTIVE FACTORS FOR RECOURSE TO SURGERY IN CROHN'S DISEASE

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A 40-year retrospective study of 1103 Crohn's disease patients found that 31.82% required surgery, with fistulizing phenotype, stenosing phenotype, complications, immunosuppressant use, and prior appendectomy identified as independent risk factors for surgery in multivariate analysis.

KEY POINTS

- Of 1103 Crohn's disease patients, 351 (31.82%) underwent surgery: 86% operated once, 12% twice, and 1.4% three times.
- In multivariate analysis, fistulizing phenotype (OR=6.5), stenosing phenotype (OR=5.3), occurrence of complications (OR=9), immunosuppressant use (OR=1.6), and history of appendectomy (OR=1.8) were independently associated with increased surgery risk.
- Corticosteroid therapy was associated with lower surgery risk (OR=0.6, p=0.006).
- Among operated patients, 68.5% had ileocolic location, 38.4% had stenosing phenotype, 35.2% had fistulizing phenotype, and 19.9% were operated for disease complications including occlusion, perforation, or abscess.
- Sex, smoking status, disease location, anoperineal manifestations, and biotherapy use were not associated with surgery risk in this cohort.

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