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Summary

IMPACT OF TIMING OF SURGERY ON POST-OPERATIVE ENDOSCOPIC RECURRENCE IN A REAL LIFE COHORT OF PATIENTS WHIT CROHN'S DISEASE

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A single-center retrospective study of 134 Crohn's disease patients found that surgery within 2.5 years of diagnosis was associated with significantly lower endoscopic recurrence at 6-12 months compared to delayed surgery.

KEY POINTS

- Surgery performed within 2.5 years of diagnosis showed significantly lower endoscopic recurrence rates at 6-12 months compared to surgery after 2.5 years, with an odds ratio of 0.44 on univariate analysis and 0.45 on multivariate analysis
- Post-operative recurrence occurred in 50% of the 134 patients at 6-12 months despite all patients receiving prophylactic biological therapy, with no significant difference in recurrence rates between biologic agents used
- All included patients underwent first ileo-colonic resection for Crohn's disease, most commonly for stenosis, and all had at least one risk factor for post-operative recurrence including smoking or penetrating disease
- The study was a single-center retrospective analysis using Rutgeerts score to assess endoscopic recurrence, with the authors noting that further prospective analyses on larger cohorts are needed to confirm the findings

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