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Summary

ANTI-TNF EXPOSURE IS A RISK FACTOR FOR ENDOSCOPIC ILEAL RECURRENCE IN ILEOSTOMY PATIENTS WITH CROHN'S DISEASE

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In this retrospective study of 166 Crohn's disease patients with permanent ileostomy, 40% developed endoscopic recurrence with cumulative rates of 13%, 27%, and 36% at 1, 3, and 5 years respectively.

KEY POINTS

- Patients with preoperative anti-TNF exposure had higher risk of endoscopic recurrence (HR 2.18, 95% CI 1.11-4.28), with recurrence rates of 17%, 41%, and 44% at 1, 3, and 5 years.
- Traditional risk factors (age at diagnosis ≤16 years, active smoking, penetrating phenotype, inflammation at resection margin) were not predictive of endoscopic recurrence in this ileostomy cohort.
- Vedolizumab showed the highest endoscopic remission rate (75%, 6/8 patients) and longest treatment persistence (54 months) compared to infliximab (20.8%), adalimumab (53.8%), and ustekinumab (33.3%).
- The study included 166 patients (median age 34 years, 63% female) with median follow-up of 5.5 years; 69% underwent endoscopy during follow-up.
- This material is relevant for gastroenterologists managing postoperative Crohn's disease patients with permanent ileostomy and considering biological therapy options.

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