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Summary

Can surgery be the cure?

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Small Intestine & Nutrition | Surgery | IBD

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Surgery for stricturing Crohn's disease should prioritize bowel preservation through strictureplasty in experienced centers, with early postoperative biologic therapy reducing long-term surgical recurrence in high-risk patients.

KEY POINTS

- The speaker reported that short bowel syndrome in stricturing Crohn's patients fell from 20% in the 1990s to 1.5% in recent years through improved surgical technique and patient selection.
- In a European multicenter study of 350 patients, those who did not receive adjuvant biologic therapy within one year had higher surgical recurrence rates, while patients starting biologics within 6-12 months showed better prognosis.
- Preoperative imaging with CT or MRI enterography missed lesions in about 2 in 10 patients, with nearly 1500 strictures found at surgery compared to 1189 identified preoperatively.
- Strictureplasty of the ileocecal region can achieve complete transmural and mucosal healing at one year, as demonstrated in cases including a 40-centimeter strictureplasty.
- The speaker identified high-risk patients as young individuals with extended jejunoileal disease and fibrotic pattern, recommending referral to centers experienced in advanced strictureplasty techniques to avoid short bowel syndrome.
- For colonic disease with 1-3 short fibrotic strictures, the speaker recommends segmental resection by laparoscopy or robotic surgery rather than total colectomy to postpone permanent ostomy creation.

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