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Summary

COMPLICATED AND EXTRA-COMPLICATED DISEASE COURSE IN NEWLY DIAGNOSED CROHN'S DISEASE: FIVE-YEAR RESULTS FROM A REAL-WORLD PROSPECTIVE INCEPTION COHORT

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In a prospective cohort of 192 newly diagnosed Crohn's disease patients at a tertiary center, 51.3% experienced a complicated disease course within five years despite 78% being recommended biologic therapy.

KEY POINTS

- Complicated disease course (CD-related hospitalization, surgery, steroid dependency, or use of two or more biologics) occurred in 24.2% at one year, 35.9% at three years, and 51.3% at five years.
- Patients with progressive phenotype (stricturing or penetrating) at diagnosis had significantly higher risk for complicated course (HR 3.3) and extra-complicated course (HR 6.7) compared to inflammatory phenotype.
- A subgroup of 33 patients with inflammatory phenotype and low inflammatory burden who were not recommended biologics had markedly lower complication rates (11.5% at five years) and none developed extra-complicated course.
- Elevated inflammatory markers and greater disease extent at diagnosis were additional risk factors for complicated disease course in multivariable analysis.
- This material is relevant for gastroenterologists managing newly diagnosed Crohn's disease patients and interested in prognostic stratification and treatment selection.

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