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Summary

ISOLATED ANASTOMOTIC LINE ULCERATIONS ARE ASSOCIATED WITH A HIGHER RISK OF POSTOPERATIVE RECURRENCE IN PATIENTS WITH CROHN'S DISEASE UNDERGOING ILEOCECAL RESECTION AND A DIFFERENTIAL MUCOSA-ASSOCIATED MICROBIOME COMPOSITION

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In Crohn's disease patients with otherwise healthy neo-terminal ileum after ileocolonic resection, isolated anastomotic ulcers were associated with a five-fold increased risk of postoperative recurrence compared to patients without ulceration.

KEY POINTS

- Among 60 Crohn's disease patients undergoing ileocolonic resection with no ulcerations in the neo-terminal ileum at first postoperative colonoscopy, those with ulcerations limited to the anastomotic line (modified Rutgeerts score i2a, 43.3% of patients) had significantly higher risk of postoperative recurrence than those without any ulceration (adjusted HR 5.15, 95% CI 2.24-11.87, p=0.00012) over a median 4.2-year follow-up.
- Postoperative recurrence was defined as a composite outcome including clinical recurrence with objective inflammation, change in CD-related therapy, endoscopic balloon dilation, or intestinal resection.
- Microbiome analysis showed differential bacterial composition on both sides of the anastomosis between groups, with Klebsiella, Fusobacterium, and Lachnospira more abundant in patients with anastomotic ulcers, while Lachnospiraceae NK4A136 was more abundant in patients without ulceration.
- This prospective multicenter study provides evidence for gastroenterologists managing postoperative Crohn's disease patients regarding the prognostic significance of isolated anastomotic ulcers.

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