CLINICAL OUTCOME AFTER ENTERO-ENTERIC ANASTOMOSIS FOR CROHN'S DISEASE: A CASE-CONTROL STUDY

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In this retrospective case-control study of 51 Crohn's disease patients with entero-enteric anastomosis versus 102 matched controls with ileo-colonic anastomosis, patients with entero-enteric anastomosis had significantly worse 5-year clinical outcomes including higher rates of clinical recurrence, hospitalization, and need for corticosteroids and biologics.

KEY POINTS

- Clinical recurrence at 5 years was significantly more frequent in entero-enteric anastomosis patients (66.7% versus 42.2%, p=0.007) with similar differences at 3 years (54.9% versus 36.3%, p=0.04).
- Crohn's disease-related hospitalization within 5 years occurred in 49% of entero-enteric anastomosis patients versus 22.5% of ileo-colonic anastomosis patients (p=0.001).
- Corticosteroid use was significantly higher in the entero-enteric group at all time points, reaching 51% versus 17.6% at 5 years (p<0.0001), with similar patterns for immunosuppressors and biologics.
- Entero-enteric anastomosis and immunosuppressor use before index surgery were independent risk factors for both clinical recurrence and hospitalization at 5 years (odds ratios 2.53-2.68).
- The authors conclude that tight post-operative monitoring may be warranted after isolated small bowel resection in Crohn's disease patients.

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