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Summary

EARLY INTESTINAL RESECTION IN CROHN'S DISEASE IS NOT ASSOCIATED WITH SEVERE LONG-TERM DISEASE COURSE

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UEG Week Copenhagen 2023 | Poster

IBD

October 17, 2023

In a French bicentric cohort of 396 Crohn's disease patients requiring early ileal or ileocecal resection, surgery within 6 months of diagnosis was not associated with increased risk of repeat surgery or greater biologic use compared to later resection.

KEY POINTS

- Among 396 patients undergoing ileal or ileocecal resection within 5 years of diagnosis, 130 had surgery within 6 months (Group A), 130 between 6 months and 2 years (Group B), and 136 between 2 and 5 years (Group C).
- The cumulative 10-year risk of second resection was 25.2% in Group A, 16.2% in Group B, and 22.8% in Group C, with no statistically significant difference between groups (p=0.22).
- The cumulative 10-year risk of starting biologic therapy was significantly different (p=0.006): 47.4% in Group A, 56.4% in Group B, and 63.6% in Group C, with early resection patients requiring less biologic therapy.
- Patients in Group A had predominantly penetrating disease (70% B3 behaviour) at first surgery and 69% received no medical treatment before surgery, compared to only 8.1% in Group C.
- The authors conclude that early intestinal resection in Crohn's disease is not a predictor of poor long-term prognosis based on median follow-up of approximately 9 years.

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