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Summary

Mistakes in the management of postoperative Crohn's disease and how to avoid them

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Mistakes In Articles

IBD

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This material addresses common management errors to avoid in postoperative Crohn's disease patients, focusing on the prevention and recognition of postoperative recurrence following intestinal resection.

KEY POINTS

- Up to 70% of Crohn's disease patients develop new mucosal lesions in the neoterminal ileum within the first year after intestinal resection if no preventive therapy is started early after surgery.
- Postoperative recurrence occurs in three forms: endoscopic (mucosal lesions on ileocolonoscopy), clinical (symptomatic), and surgical (requiring repeat resection), with endoscopic recurrence preceding clinical symptoms.
- Ileocecal resection plus ileocolic anastomosis is the most common surgical procedure for managing Crohn's disease complications including strictures, fistulae, inflammatory masses and abscesses.
- The material provides guidance based on available evidence and clinical experience for gastroenterologists managing postoperative Crohn's disease patients.

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