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Summary

COLONIC CROHN'S DISEASE IS ASSOCIATED WITH A PEJORATIVE DISEASE COURSE OF PEDIATRIC-ONSET CROHN'S DISEASE: A TWO DECADES POPULATION-BASED STUDY

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In pediatric-onset inflammatory bowel disease, colonic Crohn's disease differs from ileal Crohn's disease in clinical presentation, complications, and treatment exposure over five years of follow-up.

KEY POINTS

- Colonic CD patients had higher rates of hospitalization (39% vs 22% at 5 years), corticosteroid exposure (69% vs 55%), immunosuppressant exposure (61% vs 47%), and anti-TNF exposure (35% vs 16%) compared to ileal CD.
- Ileal CD was associated with significantly higher surgical risk at 5 years (37% vs 13% for colonic CD), while colonic CD had higher risk of perianal lesions (HR 2.11) and lower risk of luminal fistula (HR 0.41).
- At diagnosis, bloody stools were present in 44.4% of colonic CD versus 14.9% of ileal CD patients, and granulomas were identified more frequently in colonic CD (31.2% vs 12.6%).
- Colonic CD showed higher prevalence of extra-intestinal manifestations including articular and cutaneous involvement, and greater risk of disease extension to ileocolonic location (37% vs 14% at 5 years).
- The study analyzed 215 ileal CD, 234 colonic CD, and 337 UC patients from a population-based pediatric registry with follow-up from 1988 to 2013.

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