# DEVELOPMENT AND EXTERNAL VALIDATION OF A PREDICTION SCORE FOR FUNCTIONAL DIGESTIVE SYMPTOMS AFTER ILEOCECAL RESECTION IN CROHN'S DISEASE: THE PARIS SCORE FROM THE PARIS IBDU RESEARCH GROUP

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**The PARIS score, based on early surgery (≤24 months) and limited resection (≤40 cm), predicts functional digestive symptoms after first ileocecal resection for Crohn's disease independently of morphological recurrence.**

## KEY POINTS

- In 322 patients across 8 centers, digestive discomfort occurred in 23.7% (discovery cohort) and 31.4% (validation cohort) after first ileocecal resection with no residual disease.
- Limited resection ≤40 cm (aOR=0.14) and early surgery ≤24 months (aOR=0.25) independently predicted reduced discomfort; these two variables comprise the PARIS score (0–2 points).
- A score of 0 showed high negative predictive value (97.2% discovery, 87.8% validation) and effectively ruled out discomfort even in patients with morphological remission (C-statistic=0.751).
- Discomfort risk increased stepwise: score 0 (2.8–12.2%), score 1 (25.6–32.7%), score 2 (54.3–58.8%).
- The score achieved good discrimination in the discovery cohort (AUC=0.751) and was externally validated (AUC=0.677).
- Results support that early and limited ileocecal resection is associated with better functional outcomes in localized ileal Crohn's disease.

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