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Summary

HIGH ADHERENCE TO THE MEDITERRANEAN DIET DELAYS SURGERY AND REPROGRAMS INTESTINAL CELLULAR STATES IN CROHN'S DISEASE

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Higher adherence to the Mediterranean diet is associated with reduced risk of intestinal surgery and de novo stenosis in Crohn's disease patients with fibrostenotic phenotypes.

KEY POINTS

- In 1,092 Crohn's disease patients followed for a median 2.54 years, 5-year cumulative incidence of surgery decreased progressively with Mediterranean diet adherence: 39.2% low, 31.8% moderate, 25.0% high adherence ($p < 0.001$).
- Five-year cumulative incidence of de novo stenosis was 49.6% overall, with graded reduction across adherence levels: 56.4%, 51.2%, 35.8% for low, moderate, and high adherence respectively.
- Multivariable Cox regression confirmed an independent protective association between higher Mediterranean diet adherence and both surgery and stenosis outcomes.
- In SAMP1/YitFc mice, Mediterranean diet attenuated intestinal inflammation and collagen deposition compared with control diet ($p < 0.001$).
- Spatial transcriptomics revealed Mediterranean diet promoted expansion of goblet cells and RGS5+ structural myofibroblasts while reducing SPP1+ pro-fibrotic and CD74+ inflammatory fibroblasts; similar enrichment of RGS5+ myofibroblasts was observed in human intestinal mucosa from high-adherence patients.
- The integrated human and experimental data suggest Mediterranean diet may modulate fibrostenotic progression by directly reshaping epithelial and stromal cellular states beyond anti-inflammatory effects.

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