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Summary

EFFECTIVENESS OF EXTENDED MESENTERIC EXCISION IN PREVENTING POSTOPERATIVE CROHN'S DISEASE RECURRENCE: SYSTEMATIC REVIEW AND META-ANALYSIS

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A meta-analysis of three retrospective cohort studies (516 patients) found a non-significant trend toward lower postoperative recurrence rates with extended mesenteric excision compared to limited mesenteric excision in Crohn's disease surgery, though the evidence quality was very low to low.

KEY POINTS

- Extended mesenteric excision showed a non-significant lower rate of surgical recurrence compared with limited mesenteric excision (OR 0.3; 95% CI: 0.02-3.73) in 516 Crohn's disease patients (304 EME, 212 LME).
- Overall postoperative complications were also non-significantly lower with extended mesenteric excision (OR 0.78; 95% CI: 0.33-1.82), suggesting the procedure appears safe.
- The certainty of evidence was very low for surgical recurrence and low for complications, with concerns about moderate bias, inconsistency, and imprecision of results.
- The authors conclude results must be interpreted cautiously due to statistical non-significance and low evidence quality, and that randomized controlled trials are needed.
- Clinicians considering mesenteric excision techniques in Crohn's disease surgery would benefit from this summary of current evidence limitations.

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