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Summary

# ANALYSIS OF INVASIVE TREATMENT STRATEGIES FOR SIMPLEX ABDOMINAL ABSCESS IN CROHN'S DISEASE: A RETROSPECTIVE, MULTICENTRE COHORT STUDY

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**A multicenter retrospective study of 151 Crohn's disease patients with intra-abdominal abscess found similar abscess recurrence rates whether treated with percutaneous drainage followed by elective surgery or surgery alone, though the approaches differed in complication profiles and timing.**

KEY POINTS

- Abscess recurrence rates were similar between percutaneous drainage (12.8%) and surgery-only (7.7%) groups over median 103-week follow-up, p=0.231.
- Patients without prior percutaneous drainage had higher odds of surgical complications (OR=3.3, 95% CI=1.09-10.0), including septic complications, perforation, and new fistula formation, while percutaneous drainage-associated complications did not occur.
- Percutaneous drainage delayed elective resection compared to control (24 vs 10 weeks, p=0.003), and time to resection exceeding 17 weeks was associated with worse outcomes and increased re-drainage need (OR=1.03, 95% CI 1.01-1.05).
- Higher baseline abscess diameter increased odds of postoperative recurrence (OR=1.05, 95% CI=1.02-1.08) and need for new biological treatment initiation (OR=0.98, 95% CI=0.96-0.98).
- This material is relevant for gastroenterologists and surgeons managing Crohn's disease patients with intra-abdominal abscesses.

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