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Summary

ASSESSMENT OF ADHERENCE TO POSTOPERATIVE ILEOCOLONIC RESECTION GUIDELINES AND IMPACT ON EARLY ENDOSCOPIC RECURRENCE IN CROHN'S DISEASE: AN AUSTRALIAN RETROSPECTIVE STUDY

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A retrospective study of 180 postoperative Crohn's disease patients found suboptimal guideline adherence and no significant reduction in early endoscopic recurrence with guideline-driven prophylaxis.

KEY POINTS

- Among 180 patients who underwent ileal or ileocolonic resection for Crohn's disease in four Australian centres (2017-2021), only 68% underwent colonoscopy within 12 months and only 55% had Rutgeert's scores documented.
- Of the 142 high-risk patients (79% of cohort), 69% received prophylactic therapy, but prophylaxis did not significantly reduce early postoperative endoscopic recurrence rates (45% with prophylaxis versus 47% without, p equals 0.87).
- Early postoperative endoscopic recurrence (Rutgeert's score ≥ i2 within 12 months) occurred in 44% of patients overall, with no significant difference between high-risk (46%) and low-risk (39%) groups (p equals 0.55).
- The authors conclude that current guideline adherence is suboptimal and that recurrence rates remain high even in low-risk patients, suggesting a need for alternative risk-stratification and treatment strategies.

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