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Summary

BENEFICIAL OUTCOMES AFTER EARLY ILEOCAECAL RESECTION FOR ILEAL CROHN'S DISEASE: 10-YEAR FOLLOW-UP OF THE LIR!C TRIAL

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Ten-year follow-up of the LIR!C trial shows comparable clinical remission rates between laparoscopic ileocaecal resection and infliximab therapy in ileocaecal Crohn's disease, with significantly higher therapy-free remission after surgery.

KEY POINTS

- At median 12-year follow-up, clinical remission without therapy switch was 40% in the ICR group versus 26.3% in the IFX group (p=0.117).
- Therapy-free remission was significantly higher after ICR compared to IFX (40% versus 12.3%, p<0.001).
- In the IFX group, 57.9% of patients eventually required ileocaecal resection, 75.8% of whom had previously received second-line biological therapy.
- In the ICR group, 40% required no additional therapy, 30% received biologics, 21.7% received immunomodulators, and 8.3% underwent re-resection.
- This long-term follow-up study of 117 patients (87% of the original 134 enrolled) supports ICR as a durable first-line treatment option in ileal Crohn's disease.

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