

EARLY SURGERY AFTER HOSPITALIZATION WITH PENETRATING CROHN'S DISEASE REDUCES ADVERSE SEQUELAE COMPARED TO CONSERVATIVE TREATMENT

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In a retrospective single-center study of 43 Crohn's disease patients hospitalized with penetrating complications, early surgery within 12 weeks resulted in significantly fewer recurrent abscesses, antibiotic courses, hospitalizations, and subsequent surgeries compared to conservative management over a median 5-year follow-up.

KEY POINTS

- Patients who underwent early surgery had significantly lower rates of recurrent abscesses (4.5% vs 45%, OR 0.04, $p=0.006$) and recurrent hospitalizations (39.1% vs 70.0%, OR 0.16, $p=0.017$) compared to those managed conservatively.
- Early surgery group required fewer subsequent abdominal surgeries during follow-up (8.7% vs 30.0%, OR 0.11, $p=0.04$) and fewer recurrent antibiotic courses (14.3% vs 55.0%, OR 0.09, $p=0.07$).
- The study included 43 patients with penetrating CD (67.4% with abscess, 32.6% with sinus tract); 23 underwent early surgery and 20 received conservative treatment, with comparable baseline characteristics and medication exposure between groups.
- This retrospective analysis may inform clinicians managing patients with penetrating Crohn's disease complications, though data on conservative management of penetrating CD remains limited.

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