XXXII
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23 E 24 DE NOVEMBRO
EUROSTARS OASIS PLAZA
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(21345) - PROGNOSTIC FACTORS FOR ENDOSCOPIC POSTOPERATIVE RECURRENCE IN CROHN'S DISEASE PATIENTS: A REAL-LIFE ANALYSIS

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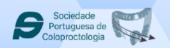1 - Centro Hospitalar Tondela Viseu

Introduction

Several risk factors for recurrence after resection surgery in Crohn's disease (CD) have been identified. In clinical practice, patients are divided in high or low risk groups and the postoperative management is dependent on the presence of at least one clinical risk factor. Prognostic factors for POR are divided in patient-related, disease-related, and surgery-related. Even tough, some of these influences are well established (as active smoking, penetrating behavior, perianal disease and extensive small bowel resection), there is still a lot of controversy and conflicted data.

Objective

Our aim was to analyze patient, disease, and surgery-related prognostic factors on endoscopic POR in a real-life setting.

Methods

A single-center retrospective study was performed. Crohn's disease patients who underwent surgery between January 2010 to April 2023 were included. Clinical and demographic characteristics of patients undergoing surgery due to CD were reviewed and analyzed. Our primary outcome was to evaluate endoscopic recurrence defined as Rutgeerts score ≥i2.
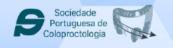
Results

Fifty-three patients were included, among them 31 were male, median age 40 years (17 - 85). Mean follow-up time was 10.7 years (SD 5.6). 13 had structuring disease, 34 penetrating and 5 perianal disease. Mean time to postoperative endoscopy was 14.6 months (SD 8.5). The majority of patients had an elective (33) ileocecectomy (35) with KONO-S anastomosis (20) and the principal motive for surgery was abscess (19). No statistical significance differences were found regarding endoscopic POR according to the selected patient, disease and surgery-related risk factors.

Discussion

In our study no clear association between patient, disease, and surgery-related prognostic factors analyzed and endoscopic POR was found. Risk stratification is important in clinical decision-making regarding post-operative management. Therefore, more studies with multivariable analysis are needed to enlightened the clinical community about the real-life impact of perioperative conditions on disease recurrence.
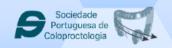
Main limitations of our study were the small sample size and retrospective methodology.

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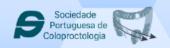| Characteristics	Patients (n=53)
Sex (male)	31
Age at surgery (years), median (IQR)	40 (17 - 85)
Smoking (active)	13
Behavior of disease (B2; B3)	15; 34
Perianal disease	6
Biologics or Azathioprine before the surgery	38
Time from diagnosis to surgery (years), median (IQR)	2.5 (0 – 17)
Time to postoperative endoscopy (months), mean (SD)	14.6 (8.5)
Time to prophylactic therapy (months), mean (SD)	7 (19.9)
Follow-up time (years), mean (SD)	10.7 (5.6)

Table 1. Baseline patient's characteristics.

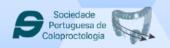| Patient-related and disease-related risk factors	Total patients, n (%)	Number of patients with endoscopic POR, n (%)	p-value*
Sex (male)	29 (54.7)	12 (41.4)	0.353
Active smoking	12 (22.6)	8 (66.7)	0.124
Age at diagnosis			
A1	5 (9.4)	2 (40)	0.736
A2	31 (58.5)	13 (41.2)	0.365
A3	17 (32.1)	10 (58.8)	0.243
Disease location			
L1	34 (64.2)	14 (41.2)	0.242
L2	4 (7.5)	2 (50)	0.906
L3	15 (28.3)	9 (60)	0.240
L4	2 (3.8)	2 (50)	0.218
Behavior of disease			
B1	2 (3.8)	1 (50)	0.935
B2	13 (24.5)	7 (53.8)	0.579
B3	34 (64.2)	14 (41.2)	0.242
Perianal disease	5 (9.4)	4 (80)	0.176
Biologics or Azathioprine before the surgery	7 (17.9)	2 (28.6)	0.438
Previous abdominal surgery	10 (25.6)	6 (60)	0.282

Table 2. Patient-related and disease-related risk factors of endoscopic POR using Chi-square test and Fisher's exact test (when applicable).

Surgery-related risk factors	Total patients, n (%)	Number of patients with endoscopic POR, n (%)	p-value*
Motive of surgery			
Abscess	19 (36.5)	7 (36.8)	0.364
Occlusion	14 (26.9)	6 (42.9)	0.840
Medical intractability	14 (26.9)	10 (71.4)	0.266
Perforation	3 (5.8)	1 (33.3)	0.279
Type of surgery			
Ileocecectomy			
Ileocecectomy and Segmental enterectomy	35 (67.3)	16 (45.7)	0.692
	3 (5.8)	2 (66.7)	0.781
Segmental enterectomy	5 (9.6)	1 (20)	0.158
Right hemicolectomy	4 (7.7)	2 (50)	0.917
Right hemicolectomy and segmental enterectomy	5 (9.6)	4 (80)	0.469
Surgery's' modality			
Elective	33 (63.5)	16 (48.5)	0.312
Emergent	17 (32.7)	8 (47)	
Anastomosis			
Primary	48 (92.3)	25 (52.1)	0.132
Secondary	4 7.7)	0 (-)	
Anastomosis			
Other	25 (48.1)	15 (60%)	0.072

KONO-S	20 (38.5)	6 (30)	
Extensive small bowel resection >50cm	7 (13.5)	2 (28.6)	0.694

Table 3. Surgery-related risk factors of endoscopic POR using Chi-square test and Fisher's exact test (when applicable).
*Statistical significance with $p < 0.05$

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Palavras-chave : endoscopic postoperative recurrence, Prognostic factors, real-life analysis