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POST-OPERATIVE RECURRENCE IN CROHN'S DISEASE. RISK FACTORS.

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Crohn's disease is associated with high rates of postoperative recurrence.

At 10 years after surgery a high percentage of patients suffer recurrence (as many as 75% and above) and many of these (up to 45%) require re-intervention.

The aim of the study was to identify, amongst the various “potential predictive factors”, those which today should be considered “real risk factors” for postoperative recurrence.

A review of literature of the last 30 years was carried out. A medical literature search was conducted using Medline, Embase, Ovid Journals, Science Direct, the Cochrane Central Register of Controlled Trials and the Cochrane Database of Systematic Reviews.

Potential risk factors related to the patient, disease, type of surgery and pharmacological treatment were analyzed.

According to most Authors predictive factors, in addition to smoke, are also represented by an extent of disease superior to 100 cm and by absence of postoperative pharmacological treatment.

Moreover, according to “the second European evidence-based Consensus on the diagnosis and the management of Crohn's disease: Special situations”, localization of disease in the colon, penetrative behavior of disease, extensive small bowel resection and prior intestinal surgery should also be considered predictive factors.

The high incidence of postoperative recurrence in Crohn's disease mandates a strict follow up (clinical, laboratory and instrumental monitoring).

Identifying patients with increased risk would enable physicians to plan a surveillance program and to implement a rational therapeutic prophylaxis.

