Risk factors for postoperative recurrence in Indian patients with Crohn's disease

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Abstract

Background: Crohn's disease (CD) recurrence following surgery is a common challenge, and current detection methods rely on risk factors identified in Western populations. This study aimed to investigate the risk factors and rates of post-operative CD recurrence in a tuberculosis-endemic region like India. Retrospective data was collected from a structured database from a speciality IBD clinic by reviewing case files from January 2005 to December 2021. Inclusion criteria involved CD patients diagnosed based on the ECCO-ESGAR consensus guidelines, who had undergone at least one intestinal resection and had a minimum follow-up period of one year at the IBD clinic. Results: A total of 90 patients were followed up for a median period of 45 months (IQR, 20.75 - 72.00). Out of the 90 patients, 61 received ATT prior to surgery, with a mean delay in diagnosis of 2.5 years, although statistically non-significant (P=0.078). Clinical recurrence occurred in 50% of patients, with the cumulative rate increasing from 13.3% at one year to 40% at three years. Among 63 patients who underwent endoscopy, 65.7% showed evidence of endoscopic recurrence, with the cumulative rate increasing from 31.7% at one year to 55.5% at four years. Smoking was identified as a significant risk factor for early endoscopic recurrence (P=0.001) by cox regression analysis but no other risk factors were identified. Initiating post-operative medications prior to clinical recurrence delayed its onset (P=0.004). Subgroup analysis indicated that endoscopic monitoring aided in the early identification of recurrence (P=0.001). The findings contribute to enhancing post-operative CD management strategies in such regions, where the disease burden is escalating.

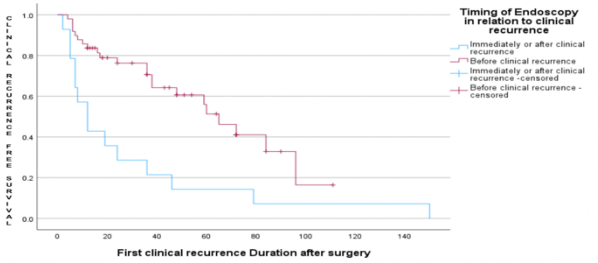


Figure 1: The Kaplan-Meier analysis demonstrated a statistically significant difference with log-rank (P = 0.001), indicating the potential benefit of conducting surveillance endoscopy before the onset of clinical recurrence.

Recent Publications

1. Kedia S, Das P, Madhusudhan KS, et al. Differentiating Crohn's disease from intestinal tuberculosis. *World J Gastroenterol*. 2019;25(4):418-432.
2. Gionchetti P, Dignass A, Danese S, et al. 3rd European Evidence-based Consensus on the Diagnosis and Management of Crohn's Disease 2016: Part 2: Surgical Management and Special Situations. *J Crohns Colitis*. 2017;11(2):135-149.
3. Kim SB, Cheon JH, Park JJ, et al. Risk factors for postoperative recurrence in Korean patients with Crohn's disease. *Gut Liver*. 2020;14(3):331-337.
4. Park SJ, Kim WH, Cheon JH. Clinical characteristics and treatment of inflammatory bowel disease: a comparison of Eastern and Western perspectives. *World J Gastroenterol*. 2014;20(33):11525-11537.
5. De Cruz P, Kamm MA, Hamilton AL, et al. Crohn's disease management after intestinal resection: a randomised trial. *Lancet Lond Engl*. 2015;385(9976):1406-1417.



Biography

I am Dr. Choppala Pratheek, a dedicated and diligent medical professional with a strong focus on research and patient care. My drive to contribute to the medical field fuels my quest to bridge gaps in knowledge and improve healthcare practices, especially in research-limited settings. I am committed to ensuring that every patient receives the same level of quality care, irrespective of the available resources. Under the esteemed guidance and mentorship of Prof. Vineet Ahuja, an Inflammatory Bowel Disease (IBD) specialist, I am particularly devoted to enhancing the post-operative care for patients with Crohn's disease. With a research-oriented mindset, I strive to contribute to the advancement of medical knowledge and the development of more effective treatment strategies. Combining hard work, compassion, and a genuine enthusiasm for medicine, my ultimate aim is to make a positive impact on the healthcare landscape. I channel this dedication both through my clinical practice and my unwavering commitment to research and the advancement of knowledge in the medical field.

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