

Review examines rates and predictors of recurrence following surgery for Crohn's disease

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Some patients with Crohn's disease, a chronic inflammatory disease that affects the lining of the digestive tract, require surgery to remove part or all of the large intestine; however, surgery does not cure the condition and many patients relapse after surgery. A new review and analysis of published studies provides insights on the rates of relapse and predictors of relapse among Crohn's disease patients who underwent surgical removal of the entire large intestine (total colectomy) and the creation of a permanent ileostomy (an opening in the abdominal wall).

In the analysis of 18 studies, the risk of recurrence was 28.0%, with a 5- and 10-year median cumulative rates of 23.5% and 40%, respectively. Patients with a history of Crohn's disease that affected the terminal ileum (the last part of the small intestine) were 3.2-times more likely to have recurrence than those without.

"Crohn's disease patients who are having total colectomy and ileostomy have a low risk of recurrence. These patients should be monitored, and treatment started in case of recurrence," said Dr Siddharth Singh, senior author of the Alimentary Pharmacology and Therapeutics article. "This is especially important for those patients who ever had Crohn's disease involving the last part of the small intestine."

More information: M. Fumery et al. Systematic review with meta-analysis: recurrence of Crohn's disease after total colectomy with

permanent ileostomy, *Alimentary Pharmacology & Therapeutics* (2016).
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