Higher vitamin D levels found to cut bowel resection risk with IBD

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An increased serum level of 25-hydroxyvitamin D (25[OH]D) is independently associated with a lower risk for bowel resection with

inflammatory bowel disease (IBD), according to a study published online March 25 in the *International Journal of Surgery*.

Lintao Dan, from the Third Xiangya Hospital of Central South University in Changsha, China, and colleagues examined the association between serum vitamin D levels and the risk for bowel resection in individuals with IBD. The analysis included 5,474 individuals with IBD followed for a mean 13.1 years.

The researchers found that compared with participants with vitamin D deficiency, nondeficient participants showed a significantly reduced bowel resection risk in IBD (hazard ratio [HR], 0.72), Crohn disease (CD; HR, 0.74), and ulcerative colitis (UC; HR, 0.73).

For the highest versus lowest quintiles of 25(OH)D level, there was a 34 percent reduced risk for bowel resection with IBD and a 46 percent reduced risk with UC; these findings were statistically significant. However, there were no significant associations for risk for bowel resection in CD. Linear dose-response associations were seen using the restricted cubic spline curve.

"Vitamin D deficiency is a risk factor for bowel resection in individuals with IBD, and may be an effective metric in predicting and risk-screening surgical events," the authors write.

More information: Lintao Dan et al, Circulating 25-hydroxyvitamin D concentration can predict bowel resection risk among individuals with inflammatory bowel disease in a longitudinal cohort with 13 years of follow-up, *International Journal of Surgery* (2024). DOI: 10.1097/JS9.0000000000001369