

EP-021 - POSTOPERATIVE RECURRENCE OF CROHN'S DISEASE – ARE EARLY POSTOPERATIVE IMMUNOMODULATORS MODIFYING RECURRENCE?

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Introduction and Objectives

The majority of patients with Crohn's Disease (CD) require surgical resection during lifetime. Nevertheless, postoperative recurrence (POR) is usual. Risk factors for POR are still yet to be completely determine, but there are some prognostic factors already widely recognized. Patients that undergo early postoperative immunomodulators (EPI) (azathioprine or biological therapy) seem to have lower risk of recurrence. We aim at assessing whether EPI is able to mitigate the effect of risk factors for POR.

Methods

Single centre retrospective cohort study. Review of clinical, demographic and histopathological characteristics of patients that underwent ileocecal resection for CD between 2015 and 2019. EPI was defined as the restarting or introduction of azathioprine or biologics within 3 months after surgery. Presence of recurrence was defined as Rutgeerts score \geq i2. A p-value of $p < 0.05$ was considered statistically significant.

Results

65 patients included. Mean age at diagnosis was 29.3 ± 14.1 years. 44.62% of patients developed POR and median time from surgery to recurrence was 2 years. EPI was the therapeutic option in 36 (55.38%) patients. Univariate analysis identified as predictor of POR at 2 years penetrating behavior of the disease and past or actual smoking habits. Moreover, smoking history, behavior of disease and less than 5 years between diagnosis and surgery were predictors of time to POR. Multivariable analysis revealed that EPI did not have a unique effect on the predictors of POR.

Conclusion

The introduction of EPI in not modifying the role of the already established prognostic factors for POR, not being protective against recurrence.