

Φλεγμονώδης – στενωτική περιφερική τελική ειλεΐτιδα Χειρουργική θεραπεία

Αλεπάς Περικλής
Χειρουργός

ΟΡΓΑΝΩΣΗ
Ελληνική Ομάδα Μελέτης
Ιδιοπαθών Φλεγμονωδών
Νοσημάτων Εντέρου (ΕΟΜΙΦΝΕ)



16^ο
ΠΑΝΕΛΛΗΝΙΟ ΣΥΝΕΔΡΙΟ
Ιδιοπαθών Φλεγμονωδών Νοσημάτων του Εντέρου

<http://www.ifne2017.gr>

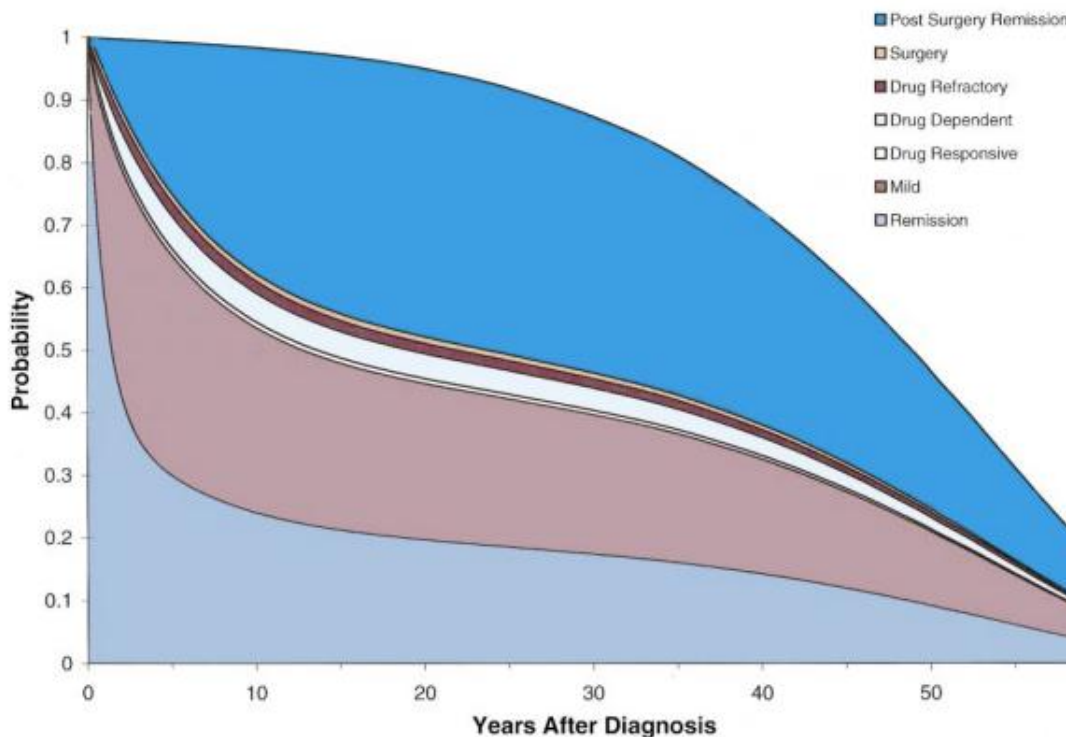
9-11 ΝΑΥΠΛΙΟ ΙΟΥΝΙΟΥ 2017 Ξενοδοχείο Amalia



Clinical Course and Costs of Care for Crohn's Disease: Markov Model Analysis of a Population-Based Cohort

GASTROENTEROLOGY 1999;117:49-57

MARC D. SILVERSTEIN,^{*,†,§} EDWARD V. LOFTUS, Jr.,^{||} WILLIAM J. SANDBORN,^{||} WILLIAM J. TREMAINE,^{||} BRIAN G. FEAGAN,[†] PAUL J. NIETERT,[§] W. SCOTT HARMSEN,[#] and ALAN R. ZINSMEISTER[#]



Διάγνωση: 28,1 χρόνια

The Markov cohort analysis projected a future clinical course, or future "life expectancy," of 46.4 years for a representative Crohn's disease patient aged 28.1 years at the time of diagnosis (Table 5). The projected future clinical course consisted of 11.1 years (23.9%) in medical "remission" (no medications) and 18.9 years (40.7%) in postsurgical "remission" (no medications).

have significant impact on future costs of illness. On the other hand, surgery leads to a much more durable remission than that induced by medication, raising the possibility that treatment strategies that feature early surgery may be more favorable from an economic perspective than the continued use of expensive medications.

Figure 2. Proportion of Crohn's disease patients in each treatment state by year since diagnosis of Crohn's disease.

Risk of Surgery for Inflammatory Bowel Diseases Has Decreased Over Time: A Systematic Review and Meta-analysis of Population-Based Studies

ALEXANDRA D. FROLKIS,^{1,2} JONATHAN DYKEMAN,^{2,3} MARÍA E. NEGRÓN,^{2,4} JENNIFER DEBRUYN,⁵ NATHALIE JETTE,^{2,3} KIRSTEN M. FIEST,^{2,3} TALIA FROLKIS,¹ HERMAN W. BARKEMA,^{2,4} KEVIN P. RIOUX,¹ REMO PANACCIONE,¹ SUBRATA GHOSH,¹ SAMUEL WIEBE,^{2,3} and GILAAD G. KAPLAN^{1,2}

¹Department of Medicine, ²Department of Community Health Sciences and Institute of Public Health, ³Department of Clinical Neurosciences and Hotchkiss Brain Institute, ⁴Department of Production Animal Health, and ⁵Department of Pediatrics, University of Calgary, Calgary, Alberta, Canada

GASTROENTEROLOGY 2013;

Table 2. Risk of Surgery for Cases of Incident Crohn's Disease and Ulcerative Colitis Overall, Post-1970, Post-1980, Post-1990, and Post-2000

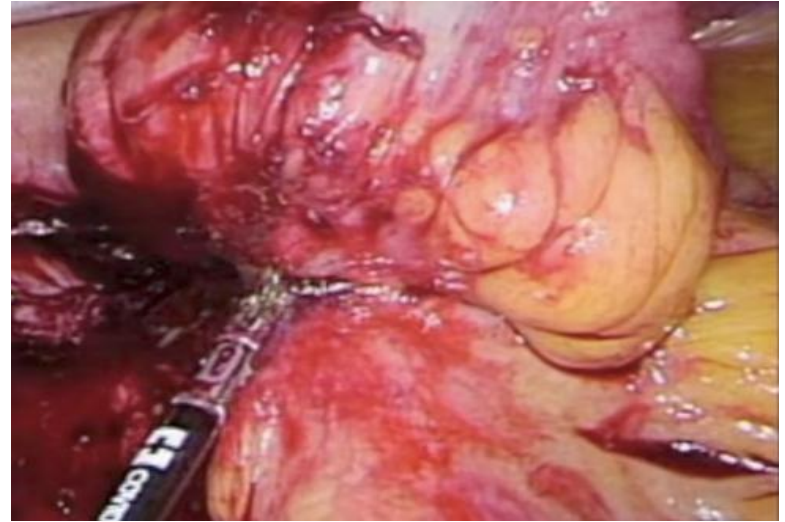
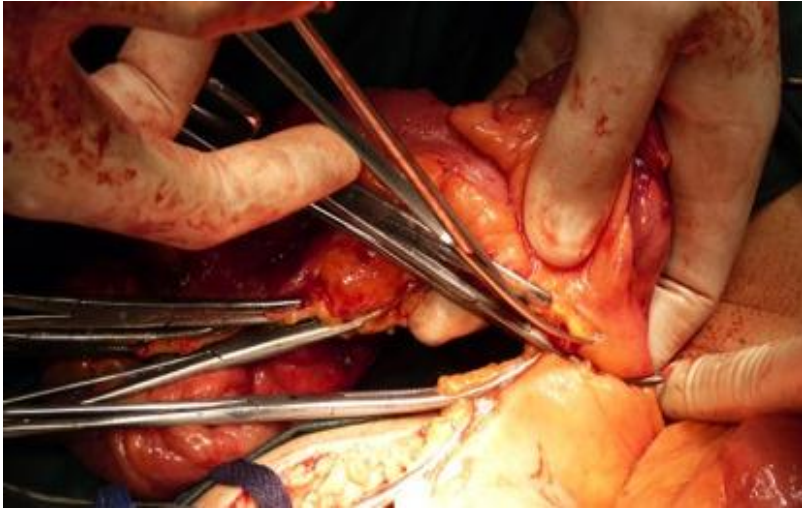
	Crohn's disease (95% CI)	Ulcerative colitis (95% CI)
All years of incident cases (after 1955)		
1-year surgery risk	16.3% (11.4%–23.2%)	4.9% (3.8%–6.3%)
5-year surgery risk	33.3% (26.3%–42.1%)	11.6% (9.3%–14.4%)
10-year surgery risk	46.6% (37.7%–57.7%)	15.6% (12.5%–19.6%)
Incident cases (after 1970)		
1-year surgery risk	14.8% (11.9%–18.3%)	4.4% (3.5%–5.5%)
5-year surgery risk	31.2% (26.6%–36.7%)	10.3% (8.2%–13.0%)
10-year surgery risk	43.4% (37.0%–50.9%)	13.5% (10.8%–16.9%)
Incident cases (after 1980)		
1-year surgery risk	14.8% (11.7%–18.7%)	4.4% (3.5%–5.6%)
5-year surgery risk	29.9% (24.9%–35.9%)	10.6% (8.2%–13.8%)
10-year surgery risk	39.1% (33.4%–45.8%)	11.9% (8.9%–15.9%)
Incident cases (after 1990)		
1-year surgery risk	14.3% (11.0%–18.6%)	4.1% (2.9%–5.7%)
5-year surgery risk	27.7% (22.8%–33.5%)	9.9% (6.9%–14.3%)
10-year surgery risk	38.7% (31.0%–48.3%)	13.7% (9.3%–20.3%)
Incident cases (after 2000)		
1-year surgery risk	12.6% (8.1%–19.5%)	2.7% (1.4%–5.3%)
5-year surgery risk	24.2% (13.1%–44.9%)	7.6% (2.5%–23.4%)
10-year surgery risk	NA	NA

NA, not available because there were no studies in this category.

Ενδείξεις χειρουργικής επέμβασης.

- Αποτυχία της φαρμακευτικής αγωγής
- Στένωση (Ουλώδη ,με προστενωτική διάταση)
- Συρίγγιο , απόστημα
- Αιμορραγία
- Διάτρηση
- Καρκίνος
- Καθυστέρηση της ανάπτυξης
- Εξωεντερικές εκδηλώσεις

Είδος επέμβασης: Ειλεοτυφλεκτομή



Κανόνες: Όρια Εκτομής και υποτροπή

Effect of Resection Margins on the Recurrence of Crohn's Disease in the Small Bowel

A Randomized Controlled Trial

Victor W. Fazio, M.D., F.R.A.C.S., F.A.C.S.,* Floriano Marchetti, M.D.,*

ANNALS OF SURGERY
Vol. 224, No. 4, 563-573
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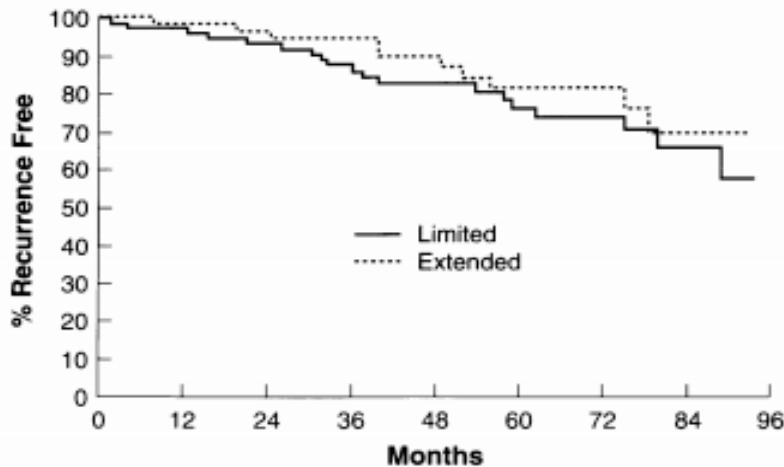


Figure 2. Kaplan-Meier curve. Limited resection group compared with extended resection group: cumulative recurrence-free rates are not significantly different (log-rank test: $p = 0.38$).

2 vs 12 cm επί
μακροσκοπικά υγιούς

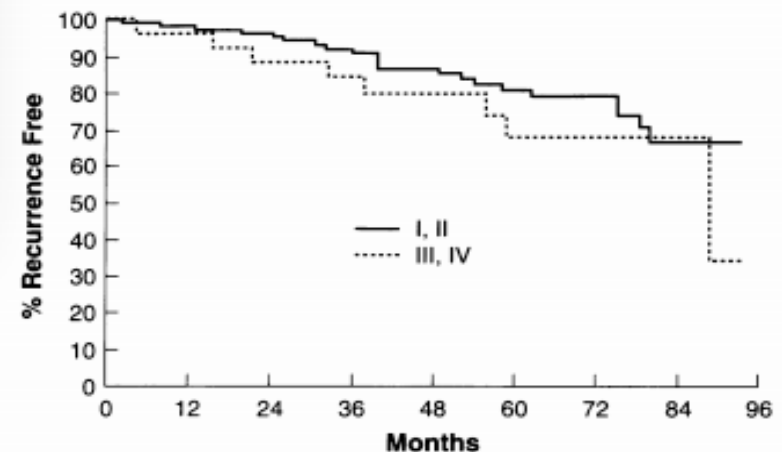


Figure 3. Kaplan-Meier curve. Histologic categories cumulative recurrence-free rates: categories 1 and 2 (probably normal margins) compared with categories 3 and 4 (probable involved margins). No significant difference found (log-rank test: $p = 0.31$).

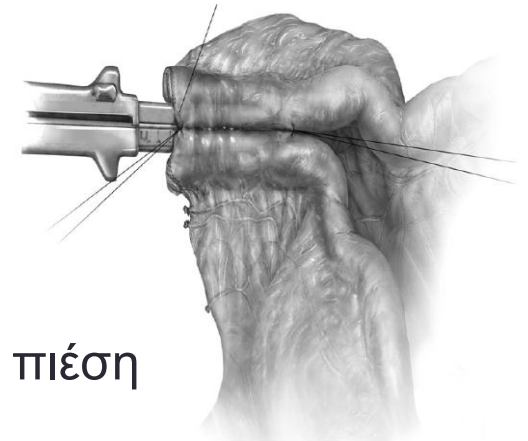
Μη και διηθημένα όρια

Καμία σημαντική στατιστικά διαφορά

A Meta-Analysis Comparing Conventional End-to-End Anastomosis *vs.* Other Anastomotic Configurations After Resection in Crohn's Disease

Η πλαγιο-πλαγία αναστόμωση σχετίζεται με:

- Λιγότερες αναστομωτικές διαφυγές
 - Ηπιότερος χειρισμός
 - Μικρότερη διεγχειρητική επιμόλυνση
 - Καλύτερη αιμάτωση
 - Μεγαλύτερη διάμετρο → μικρότερη ενδαυλική πίεση
- Λιγότερες άμεσες μετεγχειρητικές επιπλοκές
- Μικρότερο χρόνο νοσηλείας
- Υποτροπή ίδια με της τελικοτελικής αναστόμωσης



C. Simillis et al, Dis Colon Rectum 2007;50:1674-87

Ανάλογα αποτελέσματα και από την προοπτική τυχαιοποιημένη μελέτη των Mc Leed et al DCR 2009

Χειρουργική επέμβαση

Δεν θεραπεύει τον ασθενή αλλά

Έχει σαν στόχο:

- Βελτίωση των συμπτωμάτων του ασθενή.
 - Με τον μικρότερο δυνατό κίνδυνο.
 - Στον καλύτερο δυνατό χρόνο.
- ΝΟΣΗΡΟΤΗΤΑ
- ΘΝΗΣΙΜΟΤΗΤΑ
- ΠΙΘΑΝΟΤΗΤΑ ΥΠΟΤΡΟΠΗΣ
- ΠΟΙΟΤΗΤΑ ΖΩΗΣ

Short-Term Outcomes after Laparoscopic Ileocolic Resection for Crohn's Disease

A Systematic Review

Sebastiaan W. Polle^a Jan Wind^a Dirk T. Ubbink^b Daan W. Hommes^c
Dirk J. Gouma^a Willem A. Bemelman^a

Departments of ^aSurgery, ^bClinical Epidemiology and Biostatistics, and ^cGastroenterology, Academic Medical Center, Amsterdam, The Netherlands

Author	Year	Randomization	Effect assessor blinded for randomization order	Patients blinded for treatment	Operating surgeons blinded for treatment	Effect assessor blinded for treatment	Groups comparable at baseline	Minimal follow-up 30 days	Intention-to-treat	Similar treatment apart from intervention	Consecutive series	Prospective data for laparoscopic group	Data collected in contemporaneous period	Total score
Maartense [9]	2006	+	+	-	-	-	+	+	+	+	+	+	+	18
Milsom [8]	2001	+	+	-	-	-	+	+	-	+	+	+	+	16
Huilgol [22]	2004	-	-	-	-	-	+/-	?	+	+/-	+	+	-	8
Benoist [15]	2003	-	-	-	-	-	+	-	+	+	+	+	+/-	11
Bergamaschi [3]	2003	-	-	-	-	-	+	+	+	?	?	+	-	8
Von Allmen [31]	2003	-	-	-	-	-	+/-	?	+	?	+	-	+	7
Duepree [4]	2002	-	-	-	-	-	-	+	+	+/-	+	+	+	11
Young-Fadok [32]	2001	-	-	-	-	-	+/-	?	+	?	+	?	+	7
Diamond [17]	2001	-	-	-	-	-	+/-	?	+	?	+	-	+	7
Bemelman [2]	2000	-	-	-	-	-	+/-	?	+	?	+	+	+	9
Alabaz [12]	2000	-	-	-	-	-	+/-	+	?	?	+	-	+	7
Kishi [23]	2000	-	-	-	-	-	+/-	?	-	?	?	-	-	1
Shore [28]	2003	-	-	-	-	-	+/-	+	+	+	?	-	+	9
Bauer [13]	1995	-	-	-	-	-	?	?	-	?	?	?	+/-	1

729 ασθενείς που υποβλήθηκαν σε ειλεοτυφλεκτομή οι 335 λαπαροσκοπικά

Short-Term Outcomes after Laparoscopic Ileocolic Resection for Crohn's Disease

A Systematic Review

Sebastiaan W. Polle^a Jan Wind^a Dirk T. Ubbink^b Daan W. Hommes^c
Dirk J. Gouma^a Willem A. Bemelman^a

Departments of ^aSurgery, ^bClinical Epidemiology and Biostatistics, and ^cGastroenterology, Academic Medical Center, Amsterdam, The Netherlands

Table 1. Complications after ileocolic resection requiring reoperation within 30 days.

Type of complication	Number of cases (n = 596 [†])
Intra-abdominal abscess	2
Anastomotic leakage	5 [‡]
Necrotizing wound infection	1
Small bowel obstruction	1
Total	9 (1.5%)

Table 2. Overall morbidity (including reoperations) after ileocolic resection.

Type of complication	Number of cases (n = 596 [†])
Intra-abdominal abscess	10
Intra-abdominal hematoma	1
Anastomotic leakage	7
Wound infection	28
Wound hematoma	3
Ileus/small bowel obstruction	16
Urinary tract infection	7
Pneumonia	6
Fever of unknown origin	2
Atelectase/pneumothorax	4
Cardiovascular	3
Miscellaneous	4
Total	91 (15.3%)

Short-Term Outcomes after Laparoscopic Ileocolic Resection for Crohn's Disease

A Systematic Review

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Departments of ^aSurgery, ^bClinical Epidemiology and Biostatistics, and ^cGastroenterology, Academic Medical Center, Amsterdam, The Netherlands

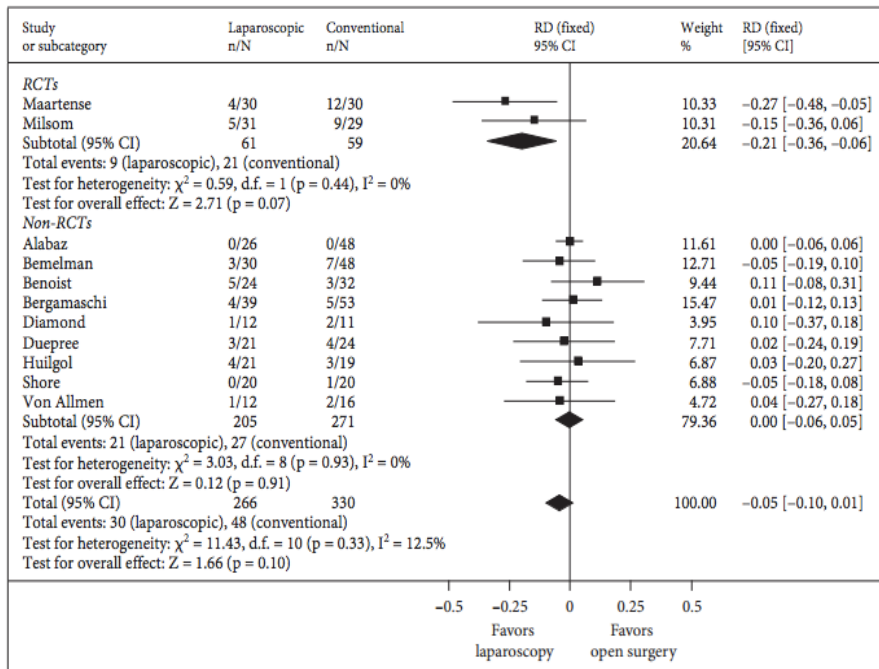


Fig. 4. Reported overall morbidity.

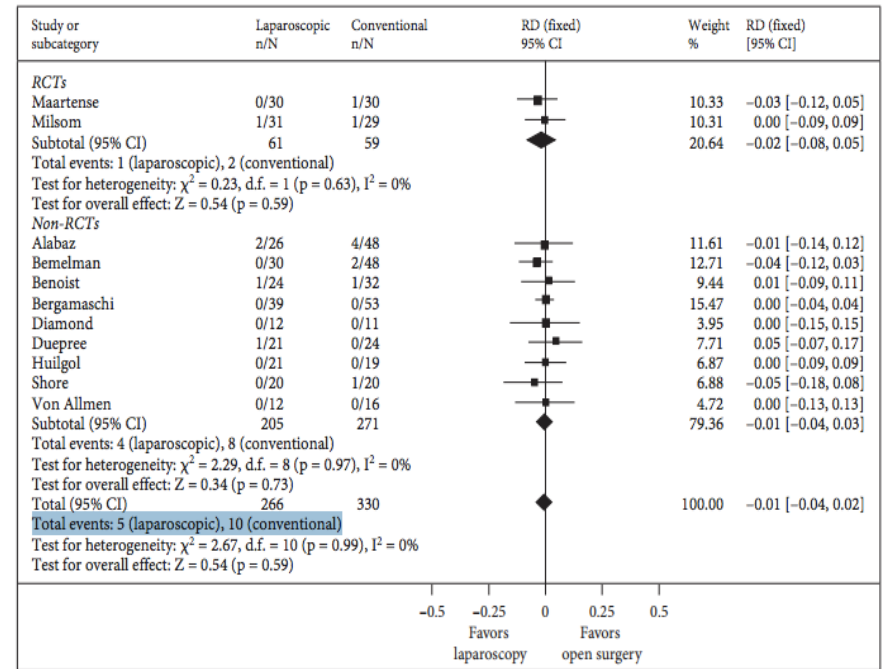


Fig. 3. Postoperative complications requiring reoperation.

National Trends and Outcomes for the Surgical Therapy of Ileocolonic Crohn's Disease: A Population-Based Analysis of Laparoscopic vs. Open Approaches

Kelly Lesperance • Matthew J. Martin •
Ryan Lehmann • Lionel Brounts • Scott R. Steele

National Inpatient Sample (NIS)	2000-2004
Ασθενείς Crohn	396.911
Χ/Ο (12%)	49.609
Ανοικτά (94%)	46.783
Λαπαροσκοπικά (6%)	2.826
Νοσηρότητα	15%
Θνησιμότητα	0,2% λαπαροσκοπικά 0,9%ανοικτά

Risk Factors for Intra-Abdominal Septic Complications After a First Ileocecal Resection for Crohn's Disease: A Multivariate Analysis in 161 Consecutive Patients

Arnaud Alves, M.D., Ph.D.,¹ Yves Panis, M.D., Ph.D.,¹ Yoram Bouhnik, M.D., Ph.D.,² Marc Pocard, M.D., Ph.D.,³ Eric Vicaut, M.D.,³ Patrice Valleur, M.D.³

- Απώλεια Βάρους >10% • 4/4 100%
- Κορτικοστεροειδή • 3/4 26%
- Ενδοκοιλιακό Απόστημα • 2/4 16%
- Υποτροπιάζοντα Επεισόδια Έξαρσης της Νόσου • 1/4 σχεδόν 0%

Long-term outcomes of laparoscopic versus open ileocolic resection for Crohn's disease: Follow-up of a prospective randomized trial

Luca Stocchi, MD,^a Jeffrey W. Milsom, MD, FACS,^b and Victor W. Fazio, MD, FACS,^a Cleveland, Ohio, and New York, NY

Surgery October 2008

Table I. Recurrent disease on 27 LC versus 29 OC patients

	LC (patients, %)	OC (patients, %)	P value
Mean follow-up, yrs (SD)	9.97 ± 3.17	10.98 ± 1.38	.64
Colonoscopy during follow-up	18 (66.7%)	22 (75.9%)	.45
Endoscopic recurrence	12 (48.0%)	19 (65.5%)	.2
Radiological recurrence	13 (48.1%)	15 (51.7%)	.89
First surgical recurrence	8 (29.9%)	8 (27.6%)	.89
In-hospital medical treatment for recurrent disease anytime	3 (11.1%)	2 (6.9%)	.83
Location first recurrence			.78
Anastomotic	13 (48.1%)	12 (41.4%)	
Small bowel	1 (3.7%)	1 (3.4%)	
Colon	0	2 (6.9%)	
Behavior first recurrence			.29
Nonstricturing, nonpenetrating disease	5 (14.8%)	3 (10.3%)	
Stricturing	9 (33.3%)	8 (27.6%)	
Penetrating	0	4 (13.8%)	
Operation for first recurrence			.13
Resection and reanastomosis	7 (88%)	4 (50%)	
Small bowel resection	0	1 (12.5%)	
Colonic resection	0	3 (37.5%)	
Strictureplasty alone	1 (12.5%)	0	
Laparoscopic resection for recurrent abdominal disease	4 (50%)	1 (12.5%)	.31

LC, Laparoscopic ileocelectomy; OC, open ileocelectomy.

56 ασθενείς

Follow up: 10,5 χρόνια → 29 υποτροπές (52%) → 16 επανεπεμβάσεις (28,5%)

Cumulative Incidence of Second Intestinal Resection in Crohn's Disease: A Systematic Review and Meta-Analysis of Population-Based Studies

Alexandra D. Frolkis, BSc^{1,2}, Debra S. Lipton, BSc¹, Kirsten M. Fiest, PhD^{1,2,3}, María E. Negrón, DVM, PhD^{1,4}, Jonathan Dykeman, MD^{1,2,3}, Jennifer deBruyn, MD, MSc¹, Nathalie Jette, MD, MSc^{1,2,3}, Talia Frolkis¹, Ali Rezaie, MD, MSc^{1,2}, Cynthia H. Seow, MBBS, MSc^{1,2}, Remo Panaccione, MD¹, Subrata Ghosh, MD¹ and Gilaad G. Kaplan, MD, MPH, FRCPC^{1,2}

Am J Gastroenterol 2014;

Table 2. Overall and stratified risks of second surgery

	5-Year risk				10-Year risk			
	Percent risk (95 CI)	I (%)	Q (P value) ^a	Subgroup analysis P value ^b	Percent risk (95 CI)	I (%)	Q (P value) ^a	Subgroup analysis P value ^b
Before 1980 (n=2)	29.7 (23.7–37.1)	0.0	0.8 (0.38)		44.6 (37.7–52.7)	0.0	0.1 (0.82)	
1980 and after (n=4)	23.8 (22.1–25.5)	61	7.7 (0.05)	0.10	33.2 (31.2–35.4)	11.7	5 (0.17)	<0.01

RESEARCH ARTICLE

Open Access

Laparoscopic surgery for Crohn's disease: a meta-analysis of perioperative complications and long term outcomes compared with open surgery

Sunil V Patel^{1,2*}, Sanjay VB Patel¹, Sreeram V Ramagopalan^{2,3,4} and Michael C Ott¹

34 studies were included in the analysis, and represented 2,519 patients.

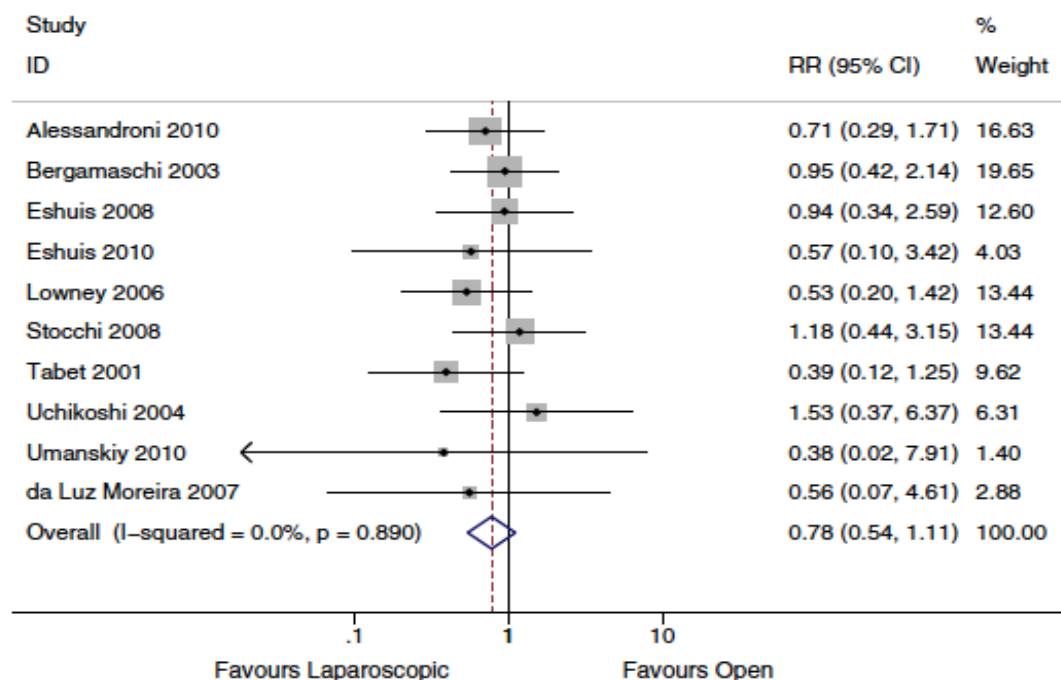


Figure 4 Forest plot of surgical recurrence, rate ratio 0.78, (95% CI 0.54 – 1.11, P = 0.17).

Quality of Life after Intestinal Resection in Patients with Crohn Disease: A Systematic Review

Francis J. Ha^a Louisa Thong^a Hanan Khalil^{a, b}

Dig Surg 2016

^aFaculty of Medicine, Nursing and Health Sciences, and ^bCentre for Chronic Diseases Management, Monash Rural Health, Joanna Briggs Centre, Monash University, Moe, VIC, Australia

Table 2. Characteristics of included studies

Author, year published (study period)	Study design	Number of CD patients (total)	Study demographics (gender, age, location)	HRQOL instrument	Follow-up period
Wright et al. [24], 2015 (2009–2011)	P	174	Male: 48% Age: 36 (IQR 26–45) Location: Australia	SF-36 IBDQ	6, 12, and 18 months
Joyce et al. [18], 2013 (2001–2007)	R	691	Male: 45% Age: 41 Location: United States	CGQL	5 years
Sica et al. [20], 2008 (2004–2005)	P	28	Male: 50% Age: 34 Location: Italy	TSQ	1 year
Maartense et al. [19], 2006 (2000–2003)	P	52 (60)	Male: 43% Age: 30 Location: Netherlands	SF-36 GIQLI	3 months
Delaney et al. [17], 2003 (2001–2002)	R	82	Male: 50% Age: 40.1±12.5 Location: United States	CGQL	30 days
Thirlby et al. [22], 2001 (1994–2000)	R	39 (139)	Male: 43% Age: 41 (range 21–77) Location: United States	HSQ	16 months (range 3–76)
Tillinger et al. [23], 1999 (1992–1993)	P	16	Male: 63% Age: 31.5 (IQR 25–41) Location: Austria, Germany	TTO DQO RFIPC	24 months
Yazdanpanah et al. [25], 1997 (1994–1995)	P	26	Male: 46% Age: 29 (range 19–62) Location: France	SF-36 RFIPC	3 months

1008 Ασθενείς v. Crohn

97% Προγραμματισμένη ειλεοστυφλεκομή

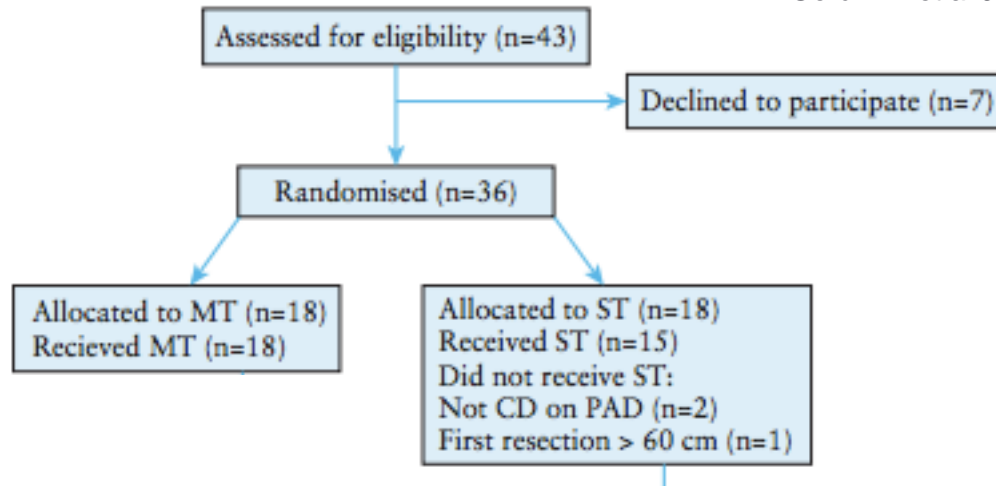
Μτχ παρακολούθηση : 30 ημέρες → 5 χρόνια

Έναρξη βελτίωσης HR QoL στις 2 εβδ. μετά χ/ο και διάρκεια 5 έτη

Υψηλή ικανοποίηση ασθενών, ιδιαίτερα με την λαπαροσκοπική επέμβαση

The Swedish Crohn Trial: A Prematurely Terminated Randomized Controlled Trial of Thiopurines or Open Surgery for Primary Treatment of Ileocaecal Crohn's Disease

Gerdin L. et al Journal of Crohn's and Colitis, 2016,



1999 – 2007

Follow up : 5 έτη

QoL: SF36 υπέρ του χειρουργικού σκέλους για τον 1^ο χρόνο

Διακοπή μελέτης λόγω αργού ρυθμού ένταξης και αλλαγής κλινικής πρακτικής (IFX).

OP015 Cost-effectiveness of laparoscopic ileocecal resection versus infliximab treatment of terminal ileitis in Crohn's disease: the LIR!C TRIAL

J. de Groof, W. Bemelman, E. Eshuis, T. Gardenbroek, P. Bossuyt, J. Bosmans, H. van Dongen, B. van Wagenveld, M. Brink, E. Consten, C. Buskens, G. D'Haens, P. Stokkers, C. Ponsioen, LIR!C Study Group

Πολυκεντρική τυχαιοποιημένη μελέτη (33 κέντρα σε Ολλανδία και Αγγλία)
Ενήλικες ασθενείς με CD τελικού ειλεού
και αποτυχία στην θεραπεία με στεροειδή ή θειοπουρίνες (>3 μήνες)
Αποκλεισμός: **σοβαρή στένωση**, ειλεοτυφλεκτομή, μήκος νοσούντος >40 εκ, απόστημα

Μαιος 08- Οκτ 15
143 ασθενείς

65 ασθ
IFX

70 ασθ
Λαπαροσκοπική ειλεοτυφλεκτομή

- QoL με χρήση του Inflammatory Bowel Disease Questionnaire (IBDQ) και του SF-36
- Μέση διαφορά (MD) στο IBDQ score: 5.8 μονάδες υπέρ της εκτομής (p=0.28)
- MD στο SF-36 : 4.8 μονάδες υπέρ της εκτομής (p=0.035)
- Μέσο κόστος/ασθενή : 19.655€ στο IFX και 10.724€ στην εκτομή

OP015 Cost-effectiveness of laparoscopic ileocecal resection versus infliximab treatment of terminal ileitis in Crohn's disease: the LIR!C TRIAL

J. de Groof, W. Bemelman, E. Eshuis, T. Gardenbroek, P. Bossuyt, J. Bosmans, H. van Dongen, B. van Wagensveld, M. Brink, E. Consten, C. Buskens, G. D'Haens, P. Stokkers, C. Ponsioen, LIR!C Study Group

- Η χειρουργική εκτομή (λαπαροσκοπική ειλεοτυφλεκτομή) βελτιώνει την ποιότητα ζωής των ασθενών με νόσο Crohn του τελικού ειλεού.
- Έχει χαμηλότερο κόστος από την θεραπεία με IFX.
- Η λαπαροσκοπική ειλεοτυφλεκτομή είναι αποδεκτή εναλλακτική μέθοδος της θεραπείας με IFX και

Scand. J. Gastroent. 6, 479-481, 1971.

REVIEW

Early or Late Operation in the Treatment of Crohn's Disease

Could we get better results if we introduce 'radical' surgery at an earlier stage? This problem is closely connected with the question of the spread of the disease during medical treatment and also with the question whether Crohn's disease is from the beginning restricted to a small area of gut or is a generalized allergic or immunological disease involving more or less the whole gut. There is a great deal of evidence indicating that a spread, which means involvement of more and more gut, will occur during conservative treatment (21, 36,

Krause U.

Early versus late surgery for ileo-caecal Crohn's disease

A. ARATARI*, C. PAPI†, G. LEANDRO‡, A. VISCIDO*, L. CAPURSO† & R. CAPRILLI*

Αναδρομική μελέτη

207 ασθενείς

1^η ομάδα: Διάγνωση νόσου με την λαπαροτομία

2^η ομάδα: Γνωστή νόσος από 1-438 μήνες (ΜΟ:54,2)

ΜΤΧ: 12-534 μήνες (ΜΟ:147)

Κλινική υποτροπή

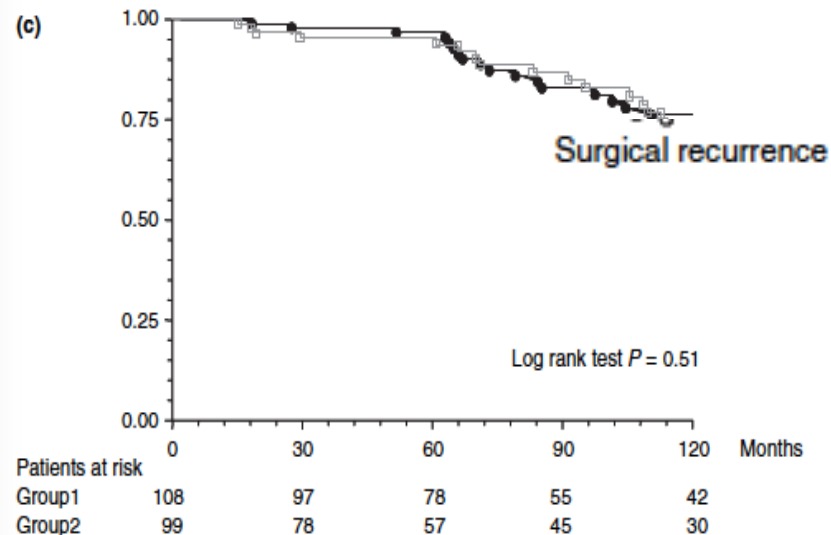
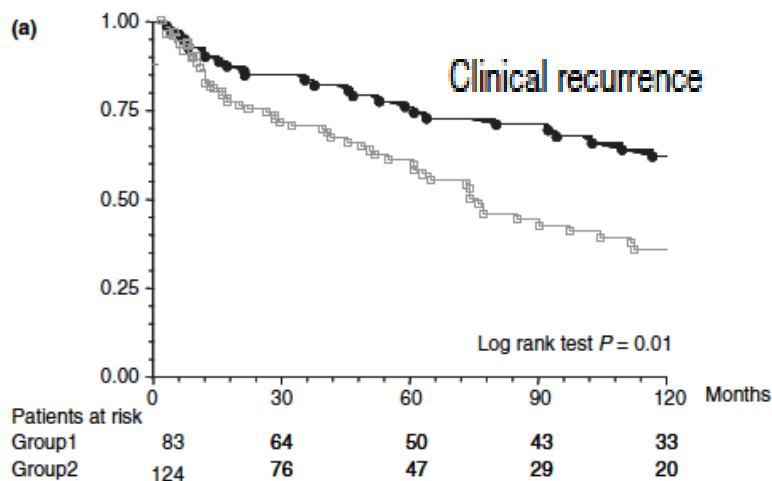
Table 1. Clinical characteristics of patients

	Group 1 n. 83	Group 2 n. 124	OR (95%CI)	P
Age at surgery (years) mean (range)	36 (12-78)	36 (14-68)	/	ns
Sex (F/M)	35/48 (42%/58%)	53/71 (43%/57%)	0.97(0.55-1.71)	ns
Smoking (yes/no)	50/33 (60%/40%)	73/51 (60%/40%)	1.05(0.60-1.86)	ns
Family history for IBD (yes/no)	6/77 (7%/93%)	8/116 (6%/94%)	1.13(0.37-3.38)	ns
Penetrating/non-penetrating (surgical specimen)	34/49 (41%/59%)	60/64 (48%/52%)	0.74(0.42-1.29)	ns
Peri-operative morbidity n (%)	11 (5.3)	17 (8.2)	0.96(0.43-2.16)	ns
Major perioperative morbidity n (%)	5 (6.0)	7 (5.6)	1.07(0.33-0.51)	ns
Mesalamine prophylactic treatment (yes/no)	46/37 (55%/45%)	98/26 (79%/21%)	0.32(0.17-0.60)	0.0005

Early versus late surgery for ileo-caecal Crohn's disease

A. ARATARI*, C. PAPI†, G. LEANDRO‡, A. VISCIDO*, L. CAPURSO† & R. CAPRILLI*

Σχετική πιθανότητα μηχ πορείας ελεύθερης



Conclusion

Early surgery prolongs clinical remission compared to surgery performed during the course of the disease, but the natural history of disease is not modified.

Clinical course of Crohn's disease first diagnosed at surgery for acute abdomen

G. Latella ^{a,*,1}, A. Cocco ^{b,1}, E. Angelucci ^b, A. Viscido ^b, S. Bacci ^c,
S. Necozone ^d, R. Caprilli ^b

Digestive and Liver Disease 2009

Αναδρομική μελέτη 490 ασθενών

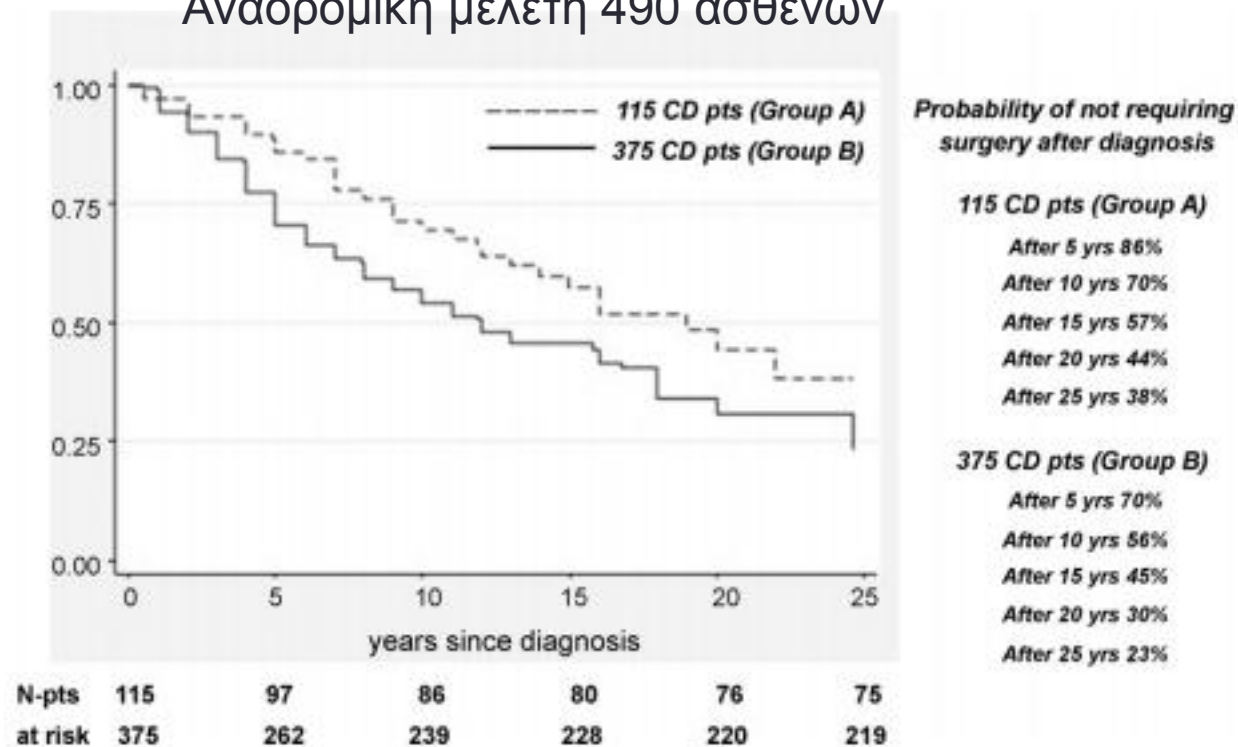


Fig. 1. Cumulative probability of a course free of disease from an intestinal resection in the two groups of Crohn's disease patients (Group A: patients with "diagnosis at Surgery" of CD; Group B: patients with "clinical diagnosis" of CD) (Log Rank test $p < 0.001$).

Clinical course of Crohn's disease first diagnosed at surgery for acute abdomen

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Digestive and Liver Disease 2009

Αναδρομική μελέτη 490 ασθενών

Table 3
The use of drugs during clinical course of disease.

	Surgical diagnosis (115 patients)	Clinical diagnosis (375 patients)	OR	95% CI	<i>p</i>
5-ASA, number (%)	111 (96.5)	375 (100)	0.03	0.06	0.0029
Antibiotics, number (%)	79 (68.7)	240 (64)	1.2	0.7–1.9	NS
Steroids, number (%)	69 (60)	301 (80.3)	0.3	0.2–0.5	0.0001
Aza/6-MP, number (%)	30 (26)	138 (36.8)	0.6	0.3–0.9	0.0450
Infliximab, number (%)	7 (6.1)	31 (8.3)	0.7	0.3–1.6	NS

Timing of ileocolonic resection for symptomatic Crohn's disease – the patient's view

N A Scott, L E Hughes

80 ασθενείς

“Έγινε το Χ/Ο στον κατάλληλο χρόνο;»

Απάντησαν οι 70 (88%):

18 (26%) κατάλληλος χρόνος

52 (74%) ήθελαν Χ/Ο νωρίτερα (μο:12 μήνες)

Λόγω:

- Βαρύτητα των συμπτωμάτων προεγχειρητικά(97%)
- Δυνατότητα σίτισης μετά χ/ο (86%)
- Μτχ διακοπής φαρμάκων (43%)

Πρώιμη Χειρουργική επέμβαση vs Φαρμακευτική Θεραπεία

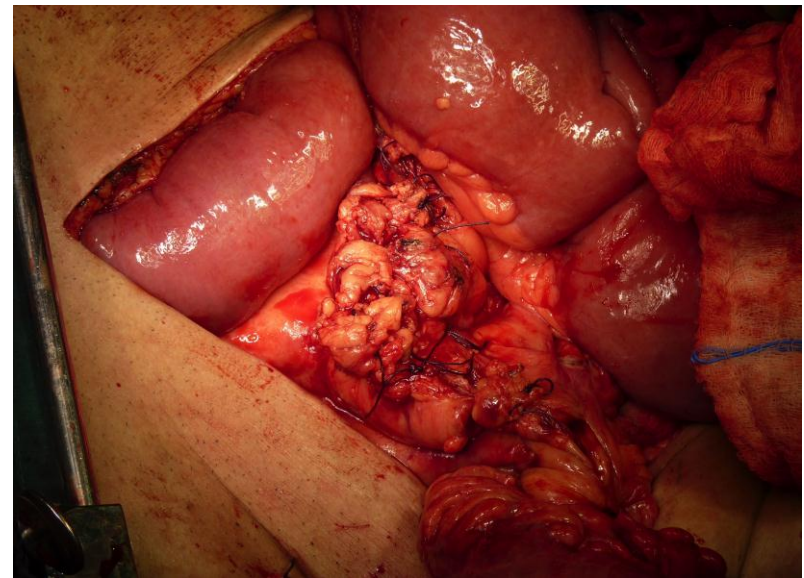
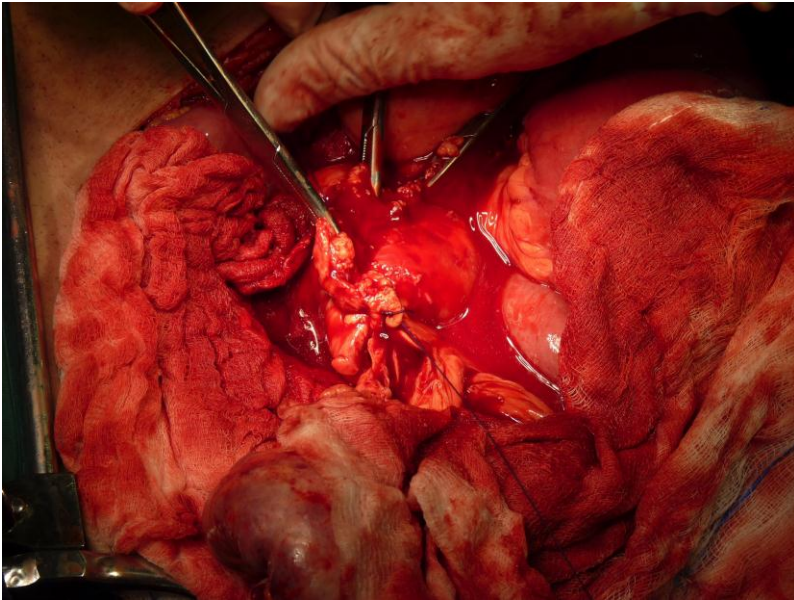
	Πλεονεκτήματα	Μειονεκτήματα
Πρώιμη Χειρουργική επέμβαση	<ul style="list-style-type: none">• Γρήγορη ύφεση• Αποκατάσταση QoL• Λιγότερα φάρμακα	<ul style="list-style-type: none">• Νοσηρότητα• Χειρουργική υποτροπή
Φαρμακευτική Θεραπεία	<ul style="list-style-type: none">• Αποφυγή επέμβασης	<ul style="list-style-type: none">• Ανεπιθύμητες ενέργειες• Άγνωστα μακροχρόνια αποτελέσματα• Βαρύτερες χειρουργικές επεμβάσεις (νοσηρότητα 45% vs 15%)

Tekkis and Nicholls; *Nature CPGH April 2008*

Bemelman & Allez *Clin Gastroenterology 2014*

Εκτομή

Πεπλαχυσμένο, βραχύ μεσεντέριο



Mechanisms of Intestinal Failure in Crohn's Disease

A. O. Agwunobi, F.R.C.S., G. L. Carlson, M.D., I. D. Anderson, M.D.,
M. H. Irving, M.D., N. A. Scott, M.D.

From the Intestinal Failure Unit, Department of Surgery, Hope Hospital, Salford, Manchester, United Kingdom

DCR 2001

Table 1.
Details of 41 Patients with Intestinal Failure Because of Crohn's Disease

Group	n (%)	Gender (Male/Female Ratio)	Age (yr)	Residual Small-Bowel Length (cm)	Number of Small-Bowel Resections	Interval from First Resection to IF (yr)	Resection Index
Primary disease	7 (17.0)	4:3	28 (19–47)	—	0	—	—
Uncomplicated sequential resection	9 (22.0)	4:5	48 (28–57)	65 (60–120)	3 (2–8)	17 (3–27)	0.2 (0.1–1.0)
Massive resection associated with surgical complications	25 (61.0)	7:18	48 (20–71)	70 (60–200)	4 (2–7)	0.5 (0.1–1.5)†	2.1 (0.27–25.0)*

IF = intestinal failure.

All data are presented as median (range).

* $P < 0.002$, Mann-Whitney U test; † $P < 0.001$ Mann-Whitney U test.

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Early Surgery Versus Conservative Treatment in Patients With Ileocaecal Crohn's Disease (ESPRIT)

This study is not yet open for participant recruitment. (see [Contacts and Locations](#))

Verified April 2016 by Ondrej Ryska, Czech Surgical Society

Sponsor:

Ondrej Ryska

Information provided by (Responsible Party):

Ondrej Ryska, Czech Surgical Society

ClinicalTrials.gov Identifier:

NCT02716454

First received: March 17, 2016

Last updated: April 26, 2016

Last verified: April 2016

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- [Full Text View](#)
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No Study Results Posted on ClinicalTrials.gov for this Study

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Study Status:	This study is not yet open for participant recruitment.
Estimated Study Completion Date:	December 2021
Estimated Primary Completion Date:	May 2021 (Final data collection date for primary outcome measure)

Δύσκολη Απόφαση ;

