

CHRONOGRAPHY OF INFLAMMATORY BOWEL DISEASE

Year 1990: Predictability of the postoperative course of Crohn's disease[☆]



Año 1990: predicción del curso de la enfermedad de Crohn después de la cirugía

Ignacio Marín-Jiménez^a, Fernando Gomollón^{b,c,d,*}

^a Unidad de Enfermedad Inflamatoria Intestinal, Servicio de Aparato Digestivo, Hospital Gregorio Marañón, Instituto de Investigación Sanitaria Gregorio Marañón (IiSGM), Madrid, Spain

^b Unidad de Enfermedad Inflamatoria Intestinal, Servicio de Aparato Digestivo, Hospital Clínico Universitario Lozano Blesa, Instituto de Investigación Sanitaria Aragón (IIS Aragón), Zaragoza, Spain

^c Centro de Investigación Biomédica en Red en el Área temática de Enfermedades Hepáticas (CIBEREHD), Madrid, Spain

^d Departamento de Medicina, Universidad de Zaragoza, Zaragoza, Spain

In this elegant study done in the “European capital of IBD”, professor Rutgeerts describes the evolution of patients with Crohn's disease who undergo resective surgery. This paper has become the cornerstone upon which the other studies on postoperative recurrence of Crohn's disease rest. The authors conducted an exhaustive study of postoperative patients over 5 years at their site. It should be noted that this clearly describes that the severity of the endoscopic lesions observed via ileoscopy at the end of one year is the best predictive factor of evolution of postoperative patients in the medium-long term. Another less well-known part of the study, demonstrates that despite having

conducted “curative” resections on 22 patients (defined as those in which no macroscopically affected ileum was left, seen in detail during the intervention), almost all of them developed endoscopic ileal lesions associated with microscopic inflammation during follow-up. In said patients, at the time of the intervention, biopsies were taken prior to conducting the anastomosis, being completely normal in 19 of the 22 patients. This study clearly suggests that early lesions that appear in the terminal neoileum of postoperative patients with Crohn's disease are not due to underlying microscopic inflammation but to *de novo* inflammation of said area.

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* Corresponding author.

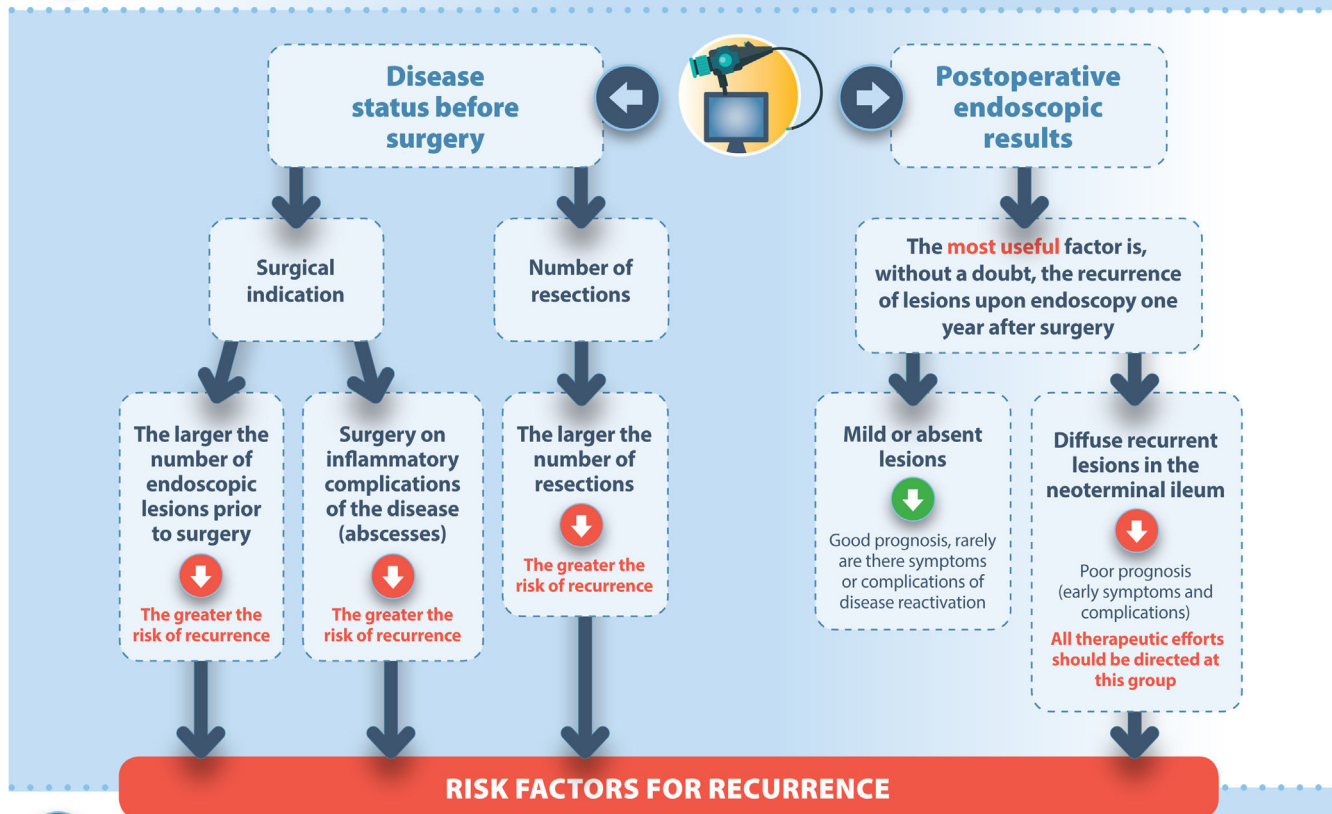
E-mail address: fgomollon@gmail.com (F. Gomollón).

Predictability of the postoperative course of Crohn's disease

Rutgeerts P, Geboes K, Vantrappen G, Beyls J, Kerremans R, Hiele M. Gastroenterology 1990;99:956-63

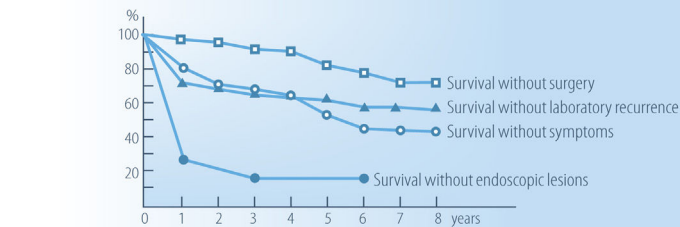
1990: Predictability of postoperative course of Crohn's disease

Prospective endoscopic follow-up cohort study



Results

Actuarial recurrence rate in 89 patients.



Follow-up	89	89	89	61	53	43	34	16
Endoscopic lesions	65	—	76	—	—	38	—	—
Symptomatic recurrence	18	27	30	25	25	24	18	6
Laboratory recurrence	25	28	31	25	21	19	15	7
Surgical recurrence	3	4	7	6	9	9	9	3

The upper part of the figure shows the Kaplan-Meier estimator survival curve for different endpoints. The lower part of the figure shows the unprocessed data.

Endoscopic description of the findings.

i0	No lesions
i1	<5 aphthous ulcers
i2	>5 aphthous ulcers with normal mucosa between lesions, alternating with areas of larger lesions or lesions confined to the ileocolonic anastomosis
i3	Diffuse aphthous ileitis with diffuse inflamed mucosa
i4	Diffuse inflammation with large ulcers, nodules and/or constriction