

Postoperative Course for Intestinal Lesions in Crohn's Disease

A Study from Initial Surgery to Recurrence

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Abstract:Background:Surgical treatment for intestinal lesion in patients with Crohn's disease (CD) is performed when medical therapy is not effective, but these lesions can frequently recur because such surgical procedures do not represent radical treatment. We herein discuss the postoperative recurrence of this disease by examining the patients who underwent their initial surgery at our department. Patients and methods : Among the past 20 years, 285 CD patients underwent surgery for the intestine. Among them, 217 underwent their initial surgery at our department, and we investigated the postoperative recurrence in these patients. Results : During the initial operation, the non-perforating type and perforating type were observed in 118 and 99 patients, respectively. We examined recurrence after the initial surgery by dividing the patients into 3 categories : recurrence confirmed with radiographically, recurrence of complications, such as stricture and fistula, and the need for reoperation. Regarding recurrence that was confirmed radiographically, recurrence was confirmed in 78.5% and 86.0% of the patients, 5 and 10 years after the initial surgery, respectively. The recurrence of complications was confirmed in 57.5% and 80.0% of the patients, 5 and 10 years after the initial surgery, respectively. A reoperation was performed for 33.0% and 57.6% of the patients, 5 and 10 years after the initial surgery, respectively. In addition, the number of patients who underwent an intestinal resection alone, a non-resection (strictureplasty and exclusion bypass surgery) and combined procedures with intestinal resection and strictureplasty was 139, 36, and 42, respectively. In an examination of the site of recurrence, it was revealed that recurrence at the site of anastomosis was observed most frequently, namely in 83.7%. Conclusion : Recurrence was confirmed at high rates in patients with CD who underwent surgery, and recurrence was observed at the site of anastomosis in most cases. We consider that further research on the anastomosis methods and postoperative medical therapy are therefore required to decrease the recurrence of this disease at the site of anastomosis in the future.

Key words : Crohn's disease, Postoperative course, Recurrence