

Mo1687 Efficacy of Anti-TNF on Severe Postoperative Endoscopic Recurrence in Crohn's Disease

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INTRODUCTION: After ileocecal resection, there is a high risk of recurrence on the ileocolic anastomosis and / or in the neoterminal ileum. The severity of endoscopic recurrence in the first year, assessed by the Rutgeerts score, can predict the risk of clinical recurrence and surgery. Treatments can be started immediately after surgery or in the presence of moderate or severe endoscopic lesions. Recent studies show that anti-TNF antibodies are very effective in preventing recurrence. However, there are only few data on the efficacy of anti-TNF antibodies initiated for a severe endoscopic recurrence. The main objective of this study was to evaluate the efficacy of anti-TNF on mucosal healing in patients with severe endoscopic recurrence (i3-i4).

METHODS: It is a retrospective, multicenter study from the GETAID. All GETAID centers were contacted to identify eligible cases (patients treated with anti-TNF for postoperative endoscopic recurrence). Inclusion criteria were: - diagnosis of CD - ileocecal resection with no residual macroscopic lesions - Rutgeerts score (i3-i4) at ileocolonoscopy performed after surgery - treatment with infliximab or adalimumab - assessment of mucosal healing (Rutgeerts score).

RESULTS: Twenty-eight patients were included, 14 (50%) treated with adalimumab and 14 (50%) with infliximab. Partial mucosal healing (score i0 or i1) was achieved in 14 patients (50%). Complete mucosal healing (score i0) was obtained in 8 patients (29%) and improvement of endoscopic score (decrease of at least 1 point) was observed in 16 patients (57%). Fifty % of patients in the adalimumab group had received anti-TNF therapy before surgery versus 21% in the infliximab group ($p=0.11$). In multivariate analysis, there was a significantly better response on the partial mucosal healing in the group of patients treated with infliximab ($p=0.03$).

CONCLUSION: Anti-TNF monoclonal antibodies initiated after surgery because of a severe endoscopic recurrence (i3, i4) induce a partial mucosal healing in 50% of patients.