

Randomized to colonoscopy at 6 months (active care) or no colonoscopy (standard care).

Initial drug therapy was based on risk of recurrence:

- All patients metronidazole 400 mg BD for 3 months postsurgery.
- High risk patients also azathioprine for 18 months or ADA if intolerant

#### Primary outcome:

Presence and severity of endoscopic recurrence 18 months after surgery using the Rutgeerts score

#### Results:

- At 18 months, endoscopic recurrence 49% in the active care group and 67% in standard care group,  $p=0.03$ .
- Complete mucosal normality 22% active care group vs 8% standard care,  $p=0.03$

**Conclusion:** Treatment according to clinical risk of recurrence, with early colonoscopy and treatment step-up for recurrence, is better than conventional therapy alone for prevention of postoperative CD recurrence. Selective immune suppression, adjusted for early recurrence, rather than routine use, leads to disease control in most patients. Clinical risk factors predict recurrence, but patients at low risk also need monitoring. Early remission does not preclude the need for ongoing monitoring.

## Crohn's disease management after intestinal resection: a randomised trial

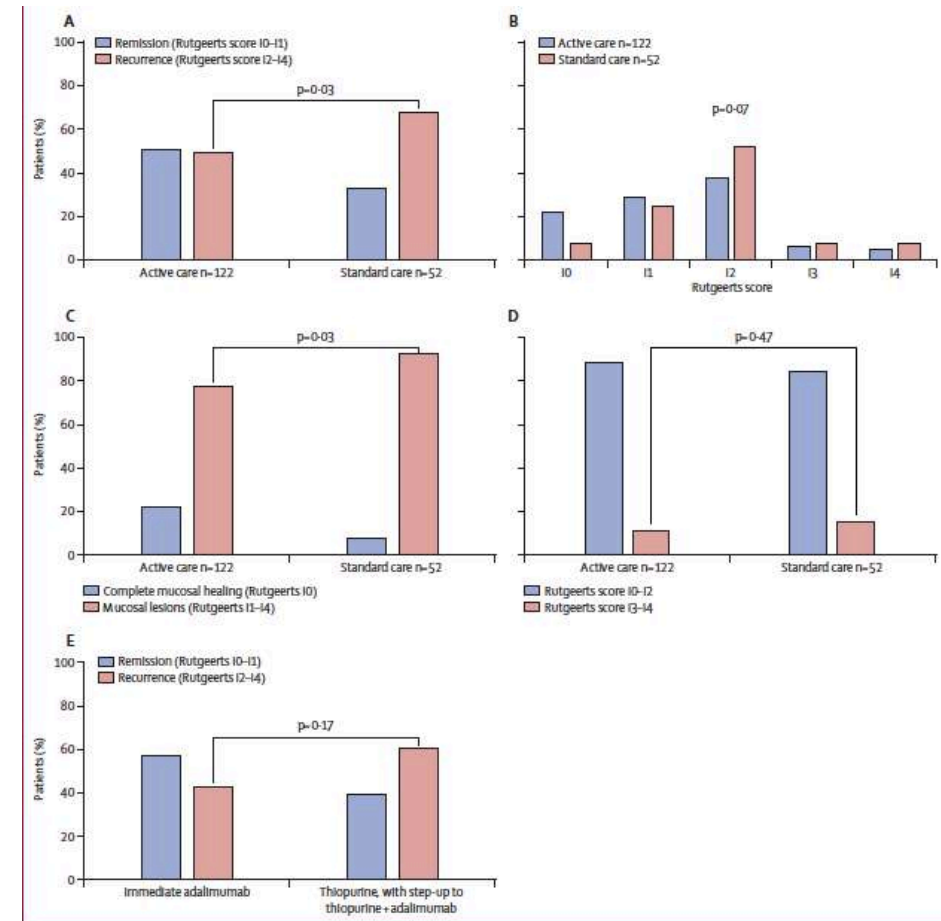


Figure 3: Endoscopic outcomes at 18 months postoperatively

