

Open-label prospective study

Patients with CD with ileocolonic resection were randomized to IFX (standard induction and maintenance) or AZA 2.5mg/kg/day for 1 year

Coprimary endpoints: Endoscopic, histological and clinical recurrence after one year of treatment.

Results: N=22

- Endoscopic recurrence: 40% AZA vs 9% IFX, $p=0.14$
- Histological recurrence: 80% AZA vs 18% IFX, $p=0.008$
- No differences in clinical recurrence between groups.

Conclusion:

Infliximab was more effective than azathioprine in reducing histological, but not endoscopic and clinical recurrence after curative ileocolonic resection in "high risk" CD patients.

Prevention of postoperative recurrence with azathioprine or infliximab in patients with Crohn's disease: An open-label pilot study

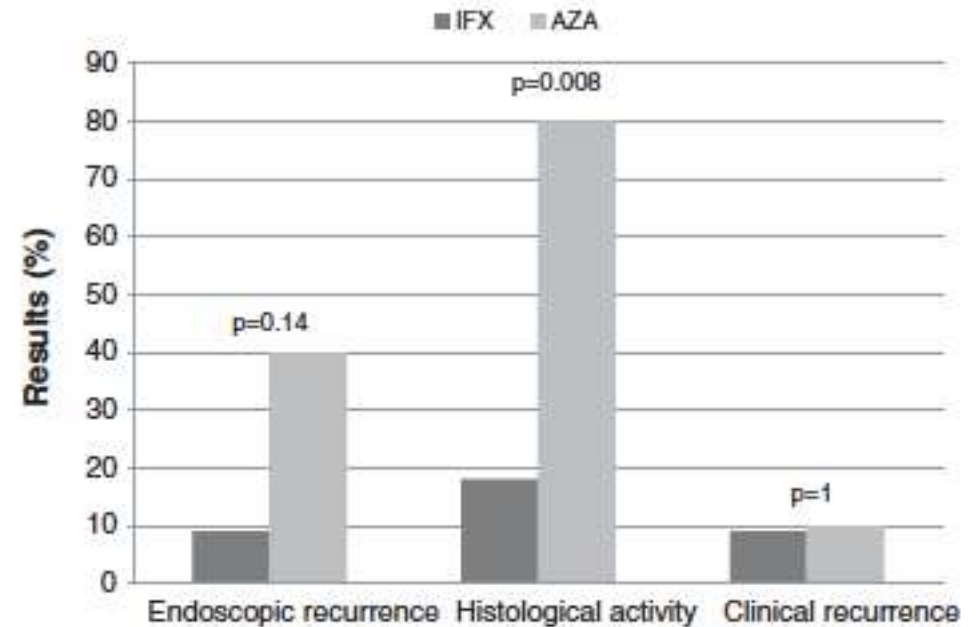


Figure 1 Comparison of results between groups after one year of therapy.