

Prospective, open-label, randomized pilot study. Patients with CD undergoing ileocolonic resection were randomised to IFX 5mg/kg (0,2,6 and q8w) or ADA (160/80 and 40 q2w). Treatment started within 4-6 weeks after surgery. All patients received oral metronidazol 500mg BD for 2 weeks. No other drugs were permitted.

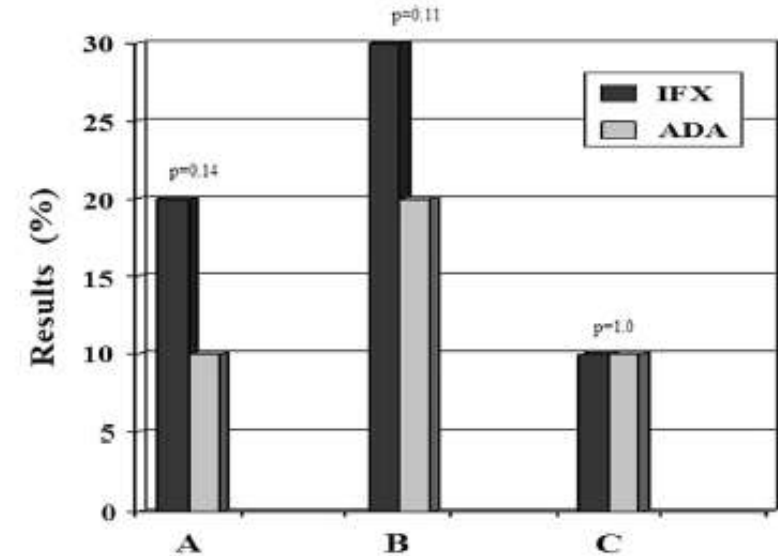
Primary endpoints: Endoscopic, histological and clinical recurrence after 12 months of therapy.

Results: N=20

- Endoscopic recurrence: IFX 20%(n=2), ADA 10% (n=1), p=ns
- Histological recurrence: IFX 30% vs 20% ADA, p=ns

Conclusion:

IFX and ADA were similar in preventing histological, endoscopic and clinical recurrence after curative ileocolonic resection in high risk CD patients.



A: endoscopic recurrence; b: histological activity; C: clinical recurrence.

Fig. 1 Comparison of results between infliximab group (IFX) and adalimumab group (ADA) after 1 year of therapy