

Observational case-control study of patients with CD who underwent curative ileal resection with partial right hemicolectomy.
 In 75 patients there was a one-stage procedure with primary anastomosis whereas in 5 patients there was a two-stage procedure due to severe internal fistulae creating a temporary diverting stoma 25-35 cm from the distal anastomosis and this was maintained for 6 months.
Primary endpoints: To describe the endoscopic and histological impact of fecal stream on CD anastomosis after surgery

Results: N=81

- None of the 5 patients had endoscopic lesions in the neoterminal ileum after 6 months of exclusion and biopsies did not show inflammatory changes typical of CD. Patients with one-step surgery 70.7% had recurrence at the anastomosis at 6 months.
- After 6 months of transit reconstruction, all 5 patients had important endoscopic recurrence both endoscopically and histologically.

Conclusion:
 This findings strongly support the view that recurrence of Crohn's disease in the neoterminal ileum after curative ileal resection is dependent on faecal stream.

TABLE II—ENDOSCOPIC AND HISTOLOGICAL DATA

Patient	During exclusion		After reanastomosis		
	Ileocolonoscopy	Histology	Ileocolonoscopy score*	Extent of disease (cm)	Histology
1	Normal	No visible lesions	i ₄	20	Severe inflammation
2	Normal	No visible lesions	i ₃₋₄	25	Severe inflammation; microgranulomas
3	Normal	No visible lesions	i ₂	5	Severe inflammation; microgranulomas
4	Normal	No visible lesions	i ₂	10	Severe inflammation
5	Normal	No visible lesions	i ₃	30	Severe inflammation

*See text for details of scoring system

