

Randomized placebo-controlled trial.
Patients with CD who underwent ileal resection and primary anastomosis were randomized to start 1 week after surgery metronidazole 20mg/kg/d for 3 months or placebo.

Primary endpoints: presence and the severity of endoscopic and histological recurrent lesions in the neoterminal ileum at 3 months

Results: N=60

- At 12 weeks, 52% METRO vs 75% placebo had endoscopic recurrence, p=0.09
- Severe endoscopic recurrence (i3-i4) occurred in 13% METRO vs 43% placebo, p=0.02
- Clinical recurrence at 12 months, 4% METRO vs 25% placebo

Conclusion:
Metronidazole therapy for 3 months decreases the severity of early recurrence of Crohn's disease in the neoterminal ileum after resection and seems to delay symptomatic recurrence.

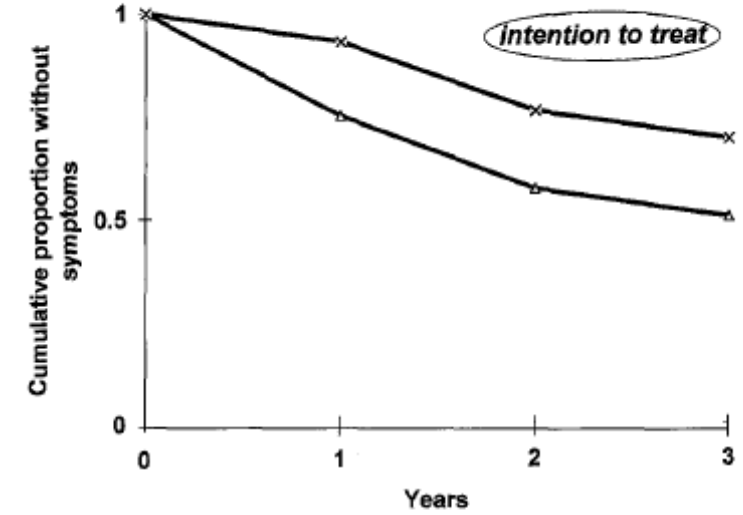


Figure 1. Cumulative proportion of patients remaining without recurrence of symptoms at 1, 2, and 3 years after ileal resection with ileocolonic anastomosis for Crohn's ileitis (intention-to-treat analysis). Statistical analysis did not show significant difference for the two survival curves (Wilcoxon; $P = 0.09$). The numerical data are given in Table 4. Δ , placebo; \times , metronidazole.

