

Randomized placebo-controlled trial

Patients with CD who underwent surgery were randomized to start within the 1 week of resection ornidazole 1gr/ day or placebo for 1 year.

Primary endpoints: Clinical recurrence at 54 weeks from surgery

Results: N=80

- Clinical recurrence at 1 year, 7.9% ornidazol vs 37.5% placebo, p=0.0046
- Endoscopic recurrence (i2-i4) at 12 months, 53.6% ornidazol vs 79% placebo, p=0.037
- More patients in the ornidazol group dropped out from study due to side effects, p=0.041

Conclusion:

Ornidazole 1 g/day is effective for the prevention of recurrence of Crohn's disease after ileocolonic resection.

**Table 2.** Logistic Regression Analysis of Baseline Characteristics and Postoperative Therapy Influencing Clinical Recurrence at 1 Year

Variable	P value	OR	95% CI
Sex	.46	0.0553	0.115–2.675
Age	.79	1.040	0.781–1.387
Age at onset	.70	1.027	0.896–1.177
Age at resection	.72	0.948	0.706–1.274
Extent of disease	.78	0.995	0.958–1.033
Disease behavior	.96	0.975	0.336–2.832
Number of resections	.20	2.292	0.652–8.065
Section margins with inflammation	.76	1.276	0.271–5.997
Previous smoking	.13	8.419	0.546–129.748
Current smoking	.32	0.249	0.016–3.941
Immunosuppression	.042	5.216	1.063–25.608
Glucocorticosteroids	.97	0.971	0.238–3.953
Ornidazole	.016	0.126	0.023–0.683

