

Single center randomised controlled trial
 Patients with CD after surgery with at least 1 risk factor for recurrence were randomised to:
 Metronidazol (250mg/3times per day) for 3 months + azathioprine (100mg if <60kg or 150mg if >60) for 12 months vs metronidazol for 3 months alone started 2 weeks after surgery

Primary endpoints: Endoscopic recurrence at month 3 and 12
 (Rutgeerts >i1)

Results: N=81

- At 3 months, 34.3% (M+AZA) vs 52.6% (M+pbo) endoscopic recurrence, $p=0.11$
- Endoscopic recurrence at 12 months 43.7% (M+AZA) vs 69% (M+pbo), $p=0.048$
- ITT endoscopic recurrence 55% (M+AZA) vs 78% (M+pbo) at 12 months, $p=0.035$

Conclusion:

Concomitant AZA resulted in lower endoscopic recurrence rates and less severe recurrences 12 months post-surgery, predicting a more favorable clinical outcome. This combined treatment seems to be recommendable to all operated CD patients with an enhanced risk for recurrence.

Therapy of Metronidazole With Azathioprine to Prevent Postoperative Recurrence of Crohn's Disease: A Controlled Randomized Trial

Endoscopic recurrence

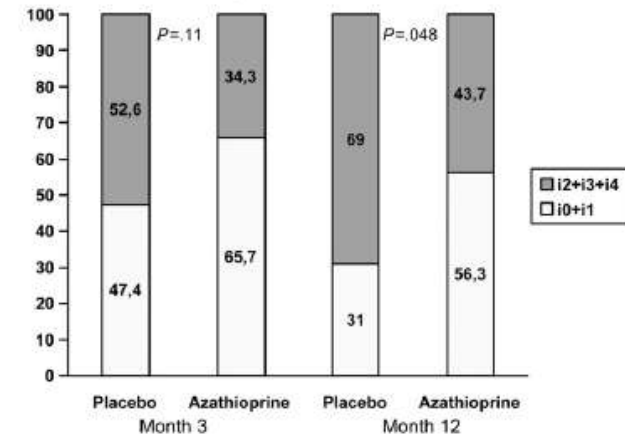


Figure 2. Proportion of patients with significant endoscopic recurrence (grades i2, i3, and i4) at months 3 and 12 in both treatment groups.

Endoscopic recurrence

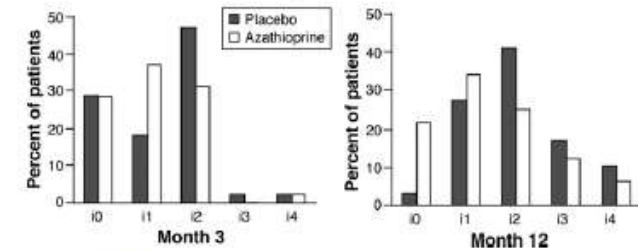


Figure 3. Different stages of endoscopic recurrence in both patient groups at 3 and 12 months.

