

Randomized, double-blind, placebo-controlled trial. Patients with CD who underwent surgery were randomised to start ciprofloxacin 500mg BD or placebo for 6 months within 2 weeks from surgery.

Primary endpoints: Endoscopic recurrence at 6 months

Results: N=33

- Endoscopic recurrence 33% ciprofloxacin vs 50% placebo, $p=0.578$
- ITT analysis 65% cipro vs 69% placebo, $p=ns$

Conclusion:

In this pilot study, ciprofloxacin was not more effective than placebo for the prevention of postoperative recurrence in patients with CD. Long-term ciprofloxacin therapy is limited by drug-associated side effects. Future studies in postoperative prevention of CD should evaluate antibiotic approaches with a more favorable safety profile

Ciprofloxacin for prevention of postoperative recurrence in patients with Crohn's disease: a randomized placebo-controlled pilot study

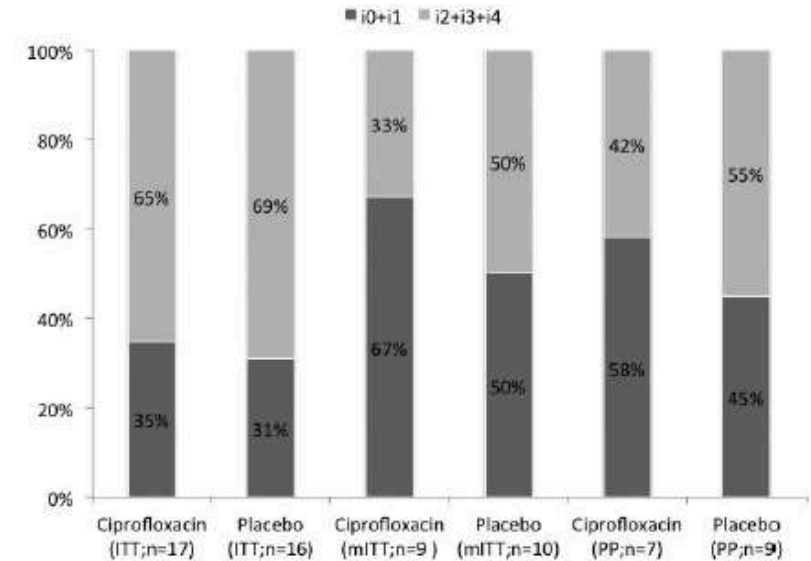


Figure 2.

Proportion of patients in endoscopic remission (endoscopic grade score of i0 or i1) vs recurrence (endoscopic grade score of i2, i3, or i4) of CD at 6 months after random assignment to ciprofloxacin or placebo. ITT; intention to treat analysis; mITT; modified intention to treat analysis; PP; per protocol analysis.

