

Randomized controlled trial,
Patients with CD were randomized to have surgery Kono-Sanastomosis (antimesenteric, functional, end-to-end, hand-sewn ileocolic anastomosis) vs conventional group (stapled ileocolic side to-side anastomosis)

Primary endpoints: Endoscopic recurrence at 6 months (Rutgeerts i2, i3 and i4)

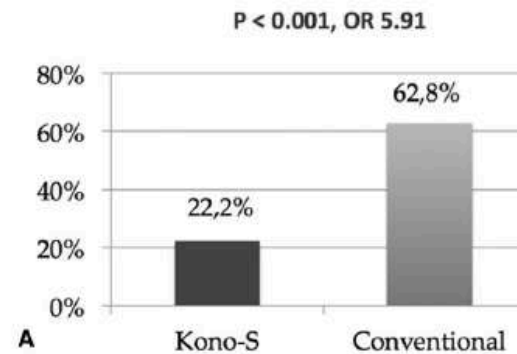
Results: N=79

- Endoscopic recurrence at 6 months: 22.2% Kono-S vs 62.8% conventional, $p < 0.001$ (OR 5.91)
- Severe endoscopic recurrence (i3,i4) occurred in 13.8% Kono-S vs 34.8% conventional, $p = 0.03$
- Clinical recurrence, 8% Kono-S vs 18% conventional, $p = 0.2$
- Clinical recurrence at 24 months, 18% Kono-S vs 30.2% conventional, $p = 0.04$ (OR 3.47)

Conclusion:

This is the first RCT comparing Kono-S anastomosis and standard anastomosis in CD. The results demonstrate a significant reduction in postoperative endoscopic and clinical recurrence rate for patients who underwent Kono-S anastomosis, and no safety issues.

Presence of any Endoscopic Recurrence (Rutgeerts ≥ 2)



Severity of Endoscopic Recurrence (from 0 to 4)

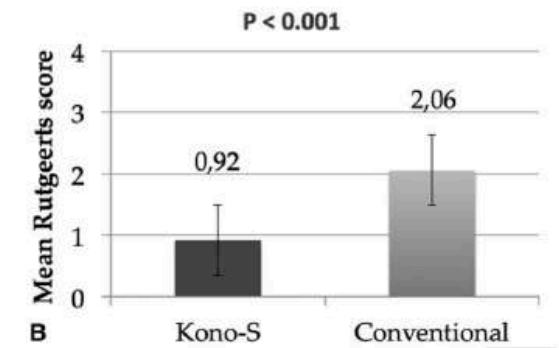


FIGURE 2. Six-month endoscopic recurrence in accordance with Rutgeerts score. (A) Percentage of patients with any endoscopic recurrence (Rutgeerts score ≥ 2). (B) Mean Rutgeerts score (from 0 to 4).