

POSTOP  
recurrence

1985  
Faecal stream  
diversion

Trial/Infusion of ultrafiltrate of the small bowel contents/Faecal stream impact on CD/Postop recurrence  
Conclusion:  
**These results suggest that factors greater than 0.22 microns in the faecal stream are responsible for the maintenance and exacerbation of inflammation in Crohn's disease.**

1990  
Smoking

Observational/Smoking/CD/Postop recurrence  
Conclusion:  
**Cigarette smoking may not only be a risk factor for development of Crohn's disease but also may influence disease activity following surgery.**

1991  
Faecal stream  
diversion

Observational case-control/Primary anastomosis vs diverting stoma/CD/Postop recurrence  
Conclusion:  
**This findings strongly support the view that recurrence of Crohn's disease in the neoterminal ileum after curative ileal resection is dependent on faecal stream.**

1995  
METRO  
postop

RCT/Metronidazol vs placebo/ CD/Postop recurrence  
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.**

2000  
5ASA  
postop

RCT/5ASA vs placebo/CD/Postop  
Conclusion:  
**Eighteen months of mesalamine, 4 g daily, did not significantly affect the postoperative course of Crohn's disease. Some relapse-preventing effect was found in patients with isolated small bowel disease.**

POSTOP  
recurrence

2002

lactobacillus  
postop

RCT/Lactobacillus GG /CD/Postoperative recurrence  
Conclusion:  
**Lactobacillus GG seems neither to prevent endoscopic recurrence at one year nor reduce the severity of recurrent lesions.**

2003

5ASA  
postop

RCT/5ASA 4gr vs 2.4 gr per day /CD/Postop  
Conclusion:  
**4.0 g/day mesalazine does not offer a clinically significant advantage over a 2.4 g/day regimen in the prevention of post-operative endoscopic and clinical recurrence of Crohn's disease at 1 year of follow-up.**

2004

5ASA vs AZA  
postp

Observational case-control/Primary anastomosis vs diverting stoma/CD/Postop recurrence  
Conclusion:  
**No difference was observed in the efficacy of azathioprine vs mesalamine in preventing clinical and surgical relapse. AZA more effective in those patients who have undergone previous intestinal resection.**

2004

5ASA vs 6MP  
postop

RCT/6MP-5ASA/CD/Postop  
Conclusion:  
**6-MP, 50 mg daily, was more effective than placebo at preventing postoperative recurrence of Crohn's disease and should be considered as a maintenance therapy after ileocolic resection.**

2005

Ornidazol  
postop

RCT/Ornidazol vs placebo/CD/Postop  
Conclusion:  
**Ornidazole 1 g/day is effective for the prevention of recurrence of Crohn's disease after ileocolonic resection.**

POSTOP  
recurrence

2006

Probiotics  
postop

RCT/probiotics Lactobacillus johnsonii vs placebo/CD/Postop  
Conclusion:  
**L johnsonii LA1 (4x10<sup>9</sup> cfu/day) did not have a sufficient effect, if any, to prevent endoscopic recurrence of Crohn's disease**

2007

Synbiotics  
postop

RCT/Synbiotics (4probiotics+prebiotic combo) vs placebo/CD/Postop  
Conclusion:  
**A single dose of the synbiotic 2000 regiment was found ineffective in preventing postsurgical recurrence of CD.**

2007

Probiotics  
postp

RCT/probiotics( L johnsonii) vs placebo/CD/Postop  
Conclusion:  
**Oral administration of the probiotic LA1 in patients with CD failed to prevent early endoscopic recurrence at 12 weeks after ileo-caecal resection.**

2008

METROvsAZA  
postop

RCT/METRO+/-AZA/CD/Postop  
Conclusion:  
**Concomitant AZA resulted in lower endoscopic recurrence rates and less severe recurrences 12 months postop. This combined treatment seems to be recommendable to all operated CD patients with an enhanced risk for recurrence.**

2009

IFX postop

RCT/IFX vs placebo/CD/Postop  
Conclusion:  
**Administration of infliximab after intestinal resective surgery was effective at preventing endoscopic and histologic recurrence of Crohn's disease.**

POSTOP  
recurrence

2010

5ASA vs AZA  
postop

RCT/5ASA vs AZA/CD/Postop  
Conclusion:  
**In this population of patients with postoperative CD at high risk of clinical recurrence, superiority for azathioprine versus mesalazine could not be demonstrated for therapeutic failure.**

2012

IFX postop

OL-RT/IFX/CD/ Postop recurrence  
Conclusion:  
**An early intervention with IFX monotherapy should prevent clinical, serological, and endoscopic CD recurrence following ileocolic resection.**

2013

Cipro  
postp

RCT/Cipro vs placebo/CD/Postop  
Conclusion:  
**Ciprofloxacin was not more effective than placebo for the prevention of postoperative recurrence. Long-term ciprofloxacin therapy is limited by drug-associated side effects.**

2013

ADA/AZA/  
5ASA postop

RCT/ADA vs AZA vs 5ASA/CD/ Postop recurrence  
Conclusion:  
**The administration of ADA after intestinal resective surgery was greatly effective in preventing endoscopic and clinical recurrence of CD.**

2013

AZA vs IFX  
postop

RCT/AZA vs IFX/CD/ postop recurrence  
Conclusion:  
**Infliximab was more effective than azathioprine in reducing histological, but not endoscopic and clinical recurrence after curative ileocolonic resection in "high risk" CD patients.**

POSTOP  
recurrence

2013  
AZA & METRO  
postop

RCT/AZA+/-METRO/CD/Postop  
Conclusion:  
**The addition of metronidazole to azathioprine did not significantly reduce the risk of endoscopic recurrence beyond azathioprine alone in this study but does not worsen its safety profile**

2014  
IFX vs ADA  
postop

OL/IFX vs ADA/Postop recurrence CD  
Conclusion:  
**IFX and ADA were similar in preventing histological, endoscopic and clinical recurrence after curative ileocolonic resection in high risk CD patients.**

2015  
VSL3  
postp

RCT/VSL3/CD/Postop  
Conclusion:  
**No differences in endoscopic recurrence rates at day 90 between VSL#3 and placebo.**

2016  
PREVENT

RCT/IFX vs placebo/ CD/ Postop recurrence  
Conclusion:  
**IFX is not superior to placebo in preventing clinical recurrence after CD-related resection. However, infliximab does reduce endoscopic recurrence**

2016  
TOPPIC

RCT/MCP vs placebo/CD/Postop recurrence  
Conclusion:  
**MCP is effective in preventing postoperative clinical recurrence, but only in patients who are smokers. Smoking cessation should be strongly encouraged given that smoking increases the risk of recurrence.**

POSTOP  
recurrence

2017

APPRECI A

RCT/ADA vs AZA/CD/Postop  
Conclusion:  
**ADA has not demonstrated a better efficacy than AZA [both associated with metronidazole] for prophylaxis of POR-CD in an unselected population, although tolerance to ADA is significantly better.**

2018

IFX  
postop

RCT/Infliximab/CD/ Postop recurrence  
Conclusion:  
**The postoperative use of IFX is effective in preventing Crohn's disease recurrence for 2 years.**

2020

SuPREMe-CD

RCT/Kono-S vs stapled/CD/Postop  
Conclusion:  
**Significant reduction in postoperative endoscopic and clinical recurrence rate for patients who underwent Kono-S anastomosis, and no safety issues.**