CROHN'S DISEASE DIAGNOSIS AFTER PROCTOCOLECTOMY AND ILEAL POUCH-ANAL ANASTOMOSIS FOR ULCERATIVE COLITIS: PREDICTIVE FACTORS

J. Hercun, R. Wassef, R. Lahaie, P. Poitras

Université de Montréal, Montreal, QC, Canada

Aims: Total proctocolectomy and ileal pouch anal-anastomosis (IPAA) is considered a curative procedure for ulcerative colitis (UC). However, symptoms of Crohn’s disease (CD) can occur postoperatively in some cases. Having previously reviewed the postoperative prevalence of CD, our aim was to identify potential predictive factors present at time of surgery.

Methods: We reviewed the files of 302 patients with an IPAA performed between 1985 and 2014 at the CHUM Hôpital Saint Luc in Montreal. 163 patients with a minimal follow-up of 5 years postoperatively were included in the analysis. The preoperative diagnosis was UC in 145 cases and indeterminate colitis (IC) in 18 cases. There were no cases of CD.

Results: New onset CD was diagnosed post-operatively in 35 cases. When comparing IPAA patients with or without CD, the following predictive factors for CD were identified: active tobacco smoking at time of surgery (5 % UC vs 22 % CD p=0.006), preoperative steroid treatment (86 vs 100% p=0.014), interrogation from the clinician regarding a putative CD (7 vs 26 % p=0.004), mouth ulcers (12 vs 27% p=0.093). A past history of tobacco smoking was associated with UC (38 % UC vs 19 % CD p=0.058). No difference between endoscopic or histological appearance was noted between both groups. Pouchitis was observed more frequently in the CD group (63 vs 26 % p<0.001)

Conclusions: In our study, endoscopic and clinical characteristics at time of surgery failed to differentiate apparent UC patients later identified as CD. Some clinical points such as smoking history statistically correlated with a postoperative diagnosis of CD. In practice, clear predictive factors of clinical outcome remain to be determined.

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