Abstract P429


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Background: Intestinal resection in Crohn’s disease (CD) is not curative and the risk for postoperative recurrence (POR) remains high. Highlighting risk factors for POR is crucial for the postoperative management of CD patients. Myenteric plexitis is a well-established risk factor for POR. The primary purpose of this study was to evaluate the correlation of neuropeptides’ expression in ileal neural plexuses in Crohn’s disease (CD) patients who underwent ileocolonic resection (ICR) between January 2010 and December 2016. Exclusion criteria were age <16 years, patients with missing or invalid data precluding analysis, the presence of a diverting ileostomy on enrollment and specimens inappropriate for the evaluation of histologic features of interest in the proximal resection margin. Secondary aims were to assess the value of abovementioned neuropeptides’ expression in predicting POR and to recognize additional risk factors.

Methods: We conducted a retrospective, single-center study on CD patients who underwent ileocolonic resection (ICR) between January 2010 and December 2016. Exclusion criteria were age <16 years, patients with missing or invalid data precluding analysis, the presence of a diverting ileostomy on enrollment and specimens inappropriate for the evaluation of histologic features of interest in the proximal resection margin. Demographic and clinical data were retrieved, and the incidence or endoscopic, clinical and surgical POR was recorded. The presence and severity of plexitis was evaluated by hematoxylin and eosin staining. Giemsa staining was used for the recognition of mast cells. Immunohistochemistry was used was used for the detection of T-lymphocytes and NPY-, VIP- and SP-ergic neurons. The expression of the above peptides was quantified using image analysis. Univariate and multivariate Cox proportional regression analysis was performed for the detection of risk factors for POR. Smoking and moderate/severe myenteric plexitis were independent risk factors for endoscopic and clinical POR, whereas an involved ileal margin was recognized as a risk factor for clinical POR.

Conclusion: This study did not document a correlation between plexitis in proximal resection margin and the expression of specific neuropeptides. According to our findings, smoking, myenteric plexitis, and involved ileal margin are independent risk factors for POR.

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Background: Intestinal resection in Crohn’s disease (CD) is not curative and the risk for postoperative recurrence (POR) remains high. Highlighting risk factors for POR is crucial for the postoperative management of CD patients. Myenteric plexitis is a well-established risk factor for POR. The primary purpose of this study was to evaluate the correlation of neuropeptide P (NPY)-, vasoactive intestinal peptide (VIP)- and substance P (SP)-ergic nerve density with the presence and severity of plexitis in myenteric and submucosal plexuses in the proximal resection margin. Secondary aims were to assess the value of abovementioned neuropeptides’ expression in predicting POR and to recognize additional risk factors.

Methods: We conducted a retrospective, single-center study on CD patients who underwent ileocolonic resection (ICR) between January 2010 and December 2016. Exclusion criteria were age <16 years, patients with missing or invalid data precluding analysis, the presence of a diverting ileostomy on enrollment and specimens inappropriate for the evaluation of histologic features of interest in the proximal resection margin. Demographic and clinical data were retrieved, and the incidence or endoscopic, clinical and surgical POR was recorded. The presence and severity of plexitis was evaluated by hematoxylin and eosin staining. Giemsa staining was used for the recognition of mast cells. Immunohistochemistry was used was used for the detection of T-lymphocytes and NPY-, VIP- and SP-ergic neurons. The expression of the above peptides was quantified using image analysis. Univariate and multivariate Cox proportional regression analysis was performed for the detection of risk factors for POR. Smoking and moderate/severe myenteric plexitis were independent risk factors for endoscopic and clinical POR, whereas an involved ileal margin was recognized as a risk factor for clinical POR.

Conclusion: This study did not document a correlation between plexitis in proximal resection margin and the expression of specific neuropeptides. According to our findings, smoking, myenteric plexitis, and involved ileal margin are independent risk factors for POR.

Abstract P431

Teduglutide use and nutritional outcomes in short bowel syndrome with intestinal failure: a real-world claims database analysis

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Background: Teduglutide (TED) is a glucagon-like peptide 2 analogue approved for the treatment of patients with short bowel syndrome (SBS) requiring parenteral support (PS). SBS is a rare condition resulting from a reduced absorptive surface area of the small intestine, most