Exploring Factors Influencing Rutgeerts Score Changes After Ileocecal Resection in Crohn’s Disease Patients

B. Siham¹, F. Amri², H. koulali², A. zazour², Z. Ismaili², G. kharrasse²
¹service d’hépato-gastro-entérologie, CHU mohamed VI, oujda, Morocco ²service d’hépato-gastro-entérologie, Chu Mohammed VI, oujda, Morocco

Background: Ileocecal resection (ICR) is the most common surgery in Crohn’s disease patients with a high risk of postoperative endoscopic and clinical recurrence. The Rutgeerts score is an endoscopic tool used to predict postoperative clinical recurrence and guide therapeutic management. The aim of this study is to identify factors influencing the evolution of this score.

Methods: We included all Crohn’s disease patients undergoing ICR and who had undergone at least two postoperative colonoscopies during the period [2019-2023], at the Hepato-Gastroenterology Department of MOHAMMED VI university hospital of Oujda, Morocco.

Results: Forty-six Crohn’s disease patients underwent ICR, including 19 females and 27 males (sex ratio M/F: 1.4). The mean age of patients was 36 years [26-73], with an average duration of 4 years between diagnosis and ICR. The mean time between surgery and the first follow-up colonoscopy was 10 months, with an average of 18 months between two follow-up colonoscopies. Endoscopic results revealed stability in the Rutgeerts score for 22 patients without the appearance of clinical recurrence signs. Among these patients, 40% were on immunosuppressants (methotrexate n=5, thiopurines n=4), and 60% were on combination therapy. Worsening of the Rutgeerts score was noted in 13 patients, including 30% with perianal manifestations (PAM), 23% with stoma or those who underwent a second surgical intervention during the interval between two colonoscopies, 37% with therapeutic non-adherence, and 10% who stopped treatment. Improvement in the Rutgeerts score was observed in 11 patients, half of whom underwent therapeutic switching or optimization. Identified factors included the use of immunosuppressants or combination therapy, PAM, therapeutic non-adherence, the occurrence of surgery, stoma, therapeutic switching, or optimization.

Conclusion: In conclusion, our study highlights the complexities in post-ileocecal resection management for Crohn’s disease. While stability in Rutgeerts scores was observed in some patients, factors such as perianal manifestations, stoma, and therapeutic non-adherence were associated with score worsening. These findings underscore the need for personalized approaches to optimize postoperative care and inform therapeutic decisions in Crohn’s disease patients undergoing ileocecal resection.