Editorial

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Risk Factors for Repeat Abdominal Surgery in Patients with Crohn's Disease

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Surgical intervention is a critical and mandatory treatment option to manage complicated Crohn's disease. Patients with Crohn's disease will finally need surgical treatment in 50 to 70% of the cases, and of those, 20 to 62% will require repeat surgery depending on the duration of the follow-up. There are several risk factors, such as age of onset, gender (male), genetic factor (NOD2, CARD15 gene), preoperative and/or postoperative medical therapy (infliximab, immunosuppression), smoking, behavior of lesions (ileocolic disease, long segment), operation type, and the urgency of operation, for reoperation after abdominal surgery for Crohn's disease [1]. However, these factors are still controversial according to different studies. Perforating Crohn's disease is more aggressive, requiring reoperation sooner [2, 3], and different clinical patterns of Crohn's disease have yet to be correlated with distinctive subclinical biologic markers [4].

Anastomotic recurrence was not associated with any clinical or histologic feature or with any combination of features of the resection margin [5]. Patients undergoing a strictureplasty alone are not more likely to require reoperation than those undergoing a resection. However, a simple diversion of the diseased bowel requires reoperation more frequently. Residual strictures and technical errors accounted for 20% of the reoperations within 2 years, ineffective medical therapy for 64%, and severe disease despite medical therapy for 14% [6]. Thus, a need exists for a comparative study of the effect on repeated abdominal operations of minimal invasive surgeries such as laparoscopic and robotic surgeries in patients with Crohn's disease.

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