Conclusions: This study demonstrates that in both England and Sweden patients are more likely to avoid permanent ileostomy after colectomy for UC if their colectomy is undertaken in a hospital performing a high volume of UC surgery. Although restorative surgery may not be appropriate for all patients, this volume outcome relationship should prompt clinicians in both countries to reflect on the surgical management of UC at a national level.

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Natural disease course of inflammatory bowel disease unclassified in a prospective European population-based inception cohort—the Epi-IBD cohort

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Background: The precise diagnosis of inflammatory bowel disease (IBD) cannot always be established. Thus, a proportion of patients will be diagnosed as IBD Unclassified (IBDU). A significant proportion of these patients will remain unclassified throughout their disease course. Only very few population-based cohorts have investigated the disease course of IBDU.

Methods: The Epi-IBD cohort is a prospective population-based cohort of 1289 unselected, uniformly diagnosed patients with IBD diagnosed in 2010 in centres from Western and Eastern European countries. Clinical data were captured prospectively throughout the follow-up period. The aim of the study was to investigate the disease course and prognosis of patients diagnosed with IBDU from diagnosis and during the first 5 years of follow-up.

Results: A total of 112 (9%) patients were initially diagnosed with IBD. Patient characteristics are shown in Table 1. After 5 years of follow-up, 28 (25%) patients changed diagnosis to either ulcerative colitis (UC) (n = 20, 71%) or Crohn’s disease (CD) (n = 8, 29%) while 84 (7% of the total cohort) remained as IBDU. The median time to a definite IBD diagnosis was 7 months (range: 1–63) with no difference between those changing to UC or CD.

A total of 17 (15%) patients were hospitalised for their IBD during follow-up after a median of 10 months (range: 0–63). Of those, 9 (45%) patients changed diagnosis to UC during follow-up, while no patient changing diagnosis to CD was hospitalised. 8 (7%) patients had surgery (7 colectomies, 1 resection) after a median of 19 months (range: 3–63). Most surgeries (n = 6, 75%) were performed in patients who changed diagnosis to UC, and 3 of those led to a definite diagnosis of UC where the other 3 were performed after the change of diagnosis. No patient changing diagnosis to CD had surgery. The cumulative exposure to medical treatments in IBDU patients including those who later changed to a definite is shown in Figure 1. Almost all patients (n = 107, 96%) received 5-ASA, while 11 (10%) patients received biologicals of which 5 remained as IBDU.

Figure 1.
Characteristics of incident patients diagnosed with inflammatory bowel disease unclassified in the Epi-IBD cohort

Male, n (%) 61 (54%) 2.6 (0–30)
Age at diagnosis, year (range) 37 (17–84)
Median time to diagnosis, month, (range, year) 2.6 (0–30)
Smoking status at diagnosis, n (%) Never: 51 (46%)/current: 13 (12%)/former: 35 (31%)/missing: 13 (12%) UC-like: 71 (63%)/CD-like: 14 (13%)/mixed: 27 (24%)
IBDU sub-type, n (%) Colonic disease only: 98 (87%)/upper gastrointestinal tract only: 4 (4%)/mixed location: 10 (9%)
Disease extent at diagnosis, n (%) Proctitis: 31 (32%)/left-sided: 24 (25%)/extensive colitis: 23 (23%)/segmental involvement: 20 (20%)
Conclusions: In this population-based inception cohort, after 5-years 7% of patients remain without a definite diagnosis of IBD. The rate of surgery and the use of biological therapy in patients changing diagnosis to UC were higher than what is observed in patients diagnosed initially with UC.

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Occurrence, disease course and prognosis of perianal Crohn’s disease in a Danish population-based inception cohort—a 10-year follow-up study
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Background: Perianal complications in patients with Crohn’s disease (CD) are common and associated with a relapsing–remitting course with a negative impact on the patients’ quality of life. Data on the long-term disease course in the era of biological therapy are limited. In this population-based cohort study we sought to investigate the occurrence, clinical risk factors and disease course of perianal CD in the era of biologic therapy.

Methods: A total of 213 CD patients diagnosed between January 1, 2003–December 31, 2004 were included in a prospective population-based inception cohort. Clinical data were retrieved from medical records and data on surgery, cancer, and death were cross-checked with register data from national health administrative databases until December 2016 ensuring complete follow-up. Perianal CD was defined as the occurrence of a perianal fistula and/or abscess. Associations between primary endpoints (surgery and hospitalisation) and covariates were analysed by Cox regression analysis.

Results: A total of 48 (25%) patients developed perianal CD after ten years. Colonic disease location (HR 1.99, 95% confidence interval (CI) 1.01–3.92) and penetrating behaviour (HR 5.65, 95% CI 2.65–12.03) were identified as predictors of perianal CD. The cumulative risk of undergoing perianal surgery and abdominal surgery after 10 years was 67% and 51%, respectively. Patients with perianal CD had a significantly higher rate of intestinal resections (HR 3.92, 95% CI 1.86–8.67). During a follow-up of 10 years, patients with perianal CD were hospitalised for 77.5 (interquartile range (IQR) 39.5–153.5) days in median compared with 46 (IQR 25–84) days in patients without. Total days of hospitalisation was significantly higher for patients with perianal CD (HR 1.01, 95% CI 1.004–1.011).

Figure 1. Characteristics of patients at baseline stratified by perianal disease.

Figure 2. Cumulative risk of undergoing resection among patients with and without perianal CD

Conclusions: The incidence of perianal CD seems to have decreased compared with studies in earlier eras, which may be caused by an increased usage of biologic agents. However, the rate of both perianal and abdominal surgery remains high. We found a higher risk of intestinal resection and hospitalisation in patients with perianal CD suggesting a more severe and protracted course. These findings underline the importance of early identification of patients at risk of...