

BIBLIOGRAFIA

1. Podolsky DK. Inflammatory bowel disease. *N Engl J Med* 2002;347:417-29.
2. Whelan G. Epidemiology of inflammatory bowel disease. *Med Clin North Am* 1990;7:1-12.
3. Loftus EV, Silverstein MD, Sandborn WJ, Tremaine WJ, Harmsen WS, Zinsmeister AR. Crohn's disease in Olmsted County, Minnesota, 1940-1993: incidence, prevalence, and survival. *Gastroenterology* 1998;114:1161-8.
4. Loftus EV, Schoenfeld P, Sandborn WJ. The epidemiology and natural history of Crohn's disease in a population-based patient cohort from North America: a systematic review. *Aliment Pharmacol Ther* 2002;16:51-60.
5. Silverstein MD, Loftus EV, Sandborn WJ, Tremain WJ, Feagan BG, Nietert PJ, et al. Clinical course and costs of care for Crohn's disease: a Markov model analysis of a population-based cohort. *Gastroenterology* 1999;117:49-57.
6. Bodger K. Cost of illness of Crohn's disease. *Pharmacoeconomics* 2002;20:639-52.
7. Odes S, Vardi H, Friger M, Wolters F, Russel MG, Riis L, et al. Cost analysis and cost determinants in a European inflammatory bowel disease inception cohort with 10 years of follow-up evaluation. *Gastroenterology* 2006;131:719-28.
8. Gasche C, Schoelmerich J, Brynskov J, D'Haens G, Hanauer SB, Irvine EJ, et al. A simple classification of Crohn's disease: report of the working party for

the world congresses of gastroenterology, Vienna 1998. *Inflamm Bowel Dis* 2000;6:8-15.

9. Hinojosa J, Nos P, Ramirez JJ, Hoyos M, Moles JR, Ponce J, et al. Evolutive pattern of Crohn's disease: a simplified index using clinical parameters predicts obstructive behaviour. *Eur J Gastroenterol Hepatol* 2001;13:245-9.

10. Luis E, Collard A, Oger AF, Degroote E, Aboul Nasr El Yafi F, Belaiche J Behaviour of Crohn's disease according to the Vienna classification: changing patten over the course of the disease. *Gut* 2001;49:777-82.

11. Cosnes J, Cattan S, Blain A, Beaugerie L, Carbonel F, Park R, et al Long-term evolution of disease behavior of Crohn's disease. *Inflamm Bowel Dis* 2002;8:244-50.

12. Papi C, Festa V, Fagnani C, Stazi A, Antonelli G, Moretti, et al. Evolution of clinical behaviour in Crohn's disease: predictive factors of penetrating complications. *Digest Liver Dis* 2005;37:247-53.

13. Silverberg MS, Satsangi J, Ahmad T, Arnott ID, Bernstein CN, Brant SR et al. Toward an integrated clinical, molecular and serological classification of inflammatory bowel disease: report of a Working Party of the 2005 Montreal Word Congress of Gastroenterology. *Can J Gastroenterol* 2005; 19 (Suppl A): 5-36.

14. Satsangi J, Silverberg MS, Vermeire S, Colombel JF. The Montreal classification of inflammatory bowel disease: controversies, consensus, and implication. *Gut* 2006; 55: 749-53.
15. Munkholm P, Langholz E, Davidsen M, Binder V. Disease activity courses in a regional cohort of Crohn's disease patients. *Scand J Gastroenterol* 1995;30:699-706.
16. Hellers G. Crohn's disease in Stockholm county 1955-1974. A study of epidemiology, results of surgical treatment and long-term prognosis. *Acta Chir Scand* 1979;490(Suppl.):1-84
17. Witte J, Shivananda S, Lennard-Jones JE, et al. Disease outcome in inflammatory bowel disease: mortality, morbidity and therapeutic management of a 796-person inception cohort in the European Collaborative Study on Inflammatory Bowel Disease (EC-IBD). *Scand J Gastroenterol* 2000;35:1272-7.
18. Bernell O, Lapidus A, Hellers G. Risk factors for surgery and recurrence in 907 patients with primary ileocaecal Crohn's disease. *Br J Surg.* 2000;87:1697-701.
19. Penner RM, Madsen KL, Fedorak RN. Postoperative Crohn's disease. *Inflamm Bowel Dis* 2005;11:765-77.
20. Caprilli R, Gassull MA, Escher JC, Moser G, Munkholm P, Forbes A, et al. European evidence based consensus on the diagnosis and management of Crohn's disease: special situations. *Gut* 2006;55 Suppl 1:i36-58.

21. Travis SP, Stange EF, Lemann M, Oresland T, Chowers Y, Forbes A, et al. European evidence based consensus on the diagnosis and management of Crohn's disease: current management. *Gut* 2006;55 Suppl 1:i16-35.
22. Rutgeerts P, Geboes K, Vantrappen G, Kerremans R, Coenegrachts JL, Coremans G. Natural history of recurrent Crohn's disease at the ileo-colonic anastomosis after curative surgery. *Gut* 1984;25:665-72.
23. Caprilli R, Corrao G, Taddei G, Tonelli F, Torchio P, Viscido A. Prognostic factors for postoperative recurrence of Crohn's disease. Gruppo Italiano per lo Studio del Colon e del Retto (GISC). *Dis Colon Rectum* 1996;39:335-41.
24. Wolff BG. Factors determining recurrence following surgery for Crohn's disease. *World J Surg* 1998;22:364-9.
25. Softley A, Myren J, Clamp SE, Bouchier IA, Watkinson G, de Dombal FT. Factors affecting recurrence after surgery for Crohn's disease. *Scand J Gastroenterol Suppl.* 1988;144:31-4.
26. Borley NR, Mortensen NJM, Chaundry MA, Mohammed S, Warren BF, George BD et al. Recurrence after abdominal surgery for Crohn's disease relationship to disease site and surgical procedure. *Dis Colon Rectum* 2002;45:377-83.
27. Yamamoto T. Factors affecting recurrence after surgery for Crohn's disease. *World J Gastroenterol* 2005;11:3971-9.

28. Hellers G, Cortot A, Jewell D, Leijonmarck CE, Lofberg R, Malchow H, et al. Oral budesonide for prevention of postsurgical recurrence in Crohn's disease. The IOIBD Budesonide Study Group. *Gastroenterology* 1999;116:294-300.
29. Caprilli R, Cottone M, Tonelli F, Sturniolo G, Castiglione F, Annese V, et al. Two mesalazine regimens in the prevention of the post-operative recurrence of Crohn's disease: a pragmatic, double-blind, randomized controlled trial. *Aliment Pharmacol Ther* 2003;17:517-23.
30. Hanauer SB, Korelitz BI, Rutgeerts P, Peppercorn MA, Thisted RA, Cohen RD, Present DH. Postoperative maintenance of Crohn's disease remission with 6-mercaptopurine, mesalamine, or placebo: a 2-year trial. *Gastroenterology* 2004;127:723-9.
31. Rutgeerts P, Van Assche G, Vermeire S, D'Haens G, Baert F, Noman M, et al. Ornidazole for prophylaxis of postoperative Crohn's disease recurrence: a randomized, double-blind, placebo-controlled trial. *Gastroenterology* 2005;128:856-61.
32. Rutgeerts P. Strategies in the prevention of post-operative recurrence in Crohn's disease. *Best Pract Res Clin Gastroenterol* 2003;17:63-73.
33. Cottone M, Orlando A, Modesto I. Postoperative maintenance therapy for inflammatory bowel disease. *Curr Opin Gastroenterol* 2006;22:377-81.
34. Van Assche G, Rutgeerts P. Medical management of postoperative recurrence in Crohn's disease. *Gastroenterol Clin North Am* 2004;33:347-60.

35. Markowitz J, Markowitz JE, Bousvaros A, Crandall W, Faubion W, Kirschner BS, et al. Workshop report: prevention of postoperative Crohn's disease. *J Pediatr Gastroenterol Nutr* 2005;41:145-51.
36. Michelassi F, Balestracci T, Chappell R, Block GE. Primary and recurrent Crohn's disease. *Ann Surg* 1991;214:230-9.
37. Krupnick AS, Morris JB. The long-term results of resection and multiple resections in Crohn's disease. *Semin Gastrointest Dis* 2000;11:41-51.
38. Siassi M, Weiger A, Hohenberger W, Kessler H. Change in surgical therapy for Crohn's disease over 33 years: a prospective longitudinal study. *Int J Colorectal Dis* 2007;22:319-24.
39. Schraut WH. The surgical management of Crohn's disease. *Gastroenterol Clin North Am* 2002;31:255-63.
40. Poggioli G, Pierangeli F, Laureti S, Ugolini F. Review article: indication and type of surgery in Crohn's disease. *Aliment Pharmacol Ther* 2002;16 Suppl 4:59-64.
41. Sands BE, Arsenault JE, Rosen MJ, Alsahli M, Bailen L, Banks P, et al. Risk of early surgery for Crohn's disease: implications for early treatment strategies. *Am J Gastroenterol* 2003;98:2712-8.
42. Cosnes J, Nion-Larmurier I, Beaugerie L, Afchain P, Tiret E, Gendre JP. Impact of the increasing use of immunosuppressants in Crohn's disease on the need for intestinal surgery. *Gut* 2005;54:237-41.

43. Hanauer SB. Crohn's disease: step-up or top-down therapy. *Best Pract Res Clin Gastroenterol* 2003;17:131-7.
44. Hommes D, Baert F, Van Assche G, Caenepeel P, Vergauwe P, Tuynman H, et al. A randomized controlled trial evaluating the ideal medical management for Crohn's disease (CD):top-down versus step-up strategies. *Gastroenterology* 2005;128 (Suppl 2):A577.
45. D'Haens G. Mucosal healing in pediatric Crohn's disease: the goal of medical treatment. *Inflamm Bowel Dis* 2004;10:479-80.
46. Hyams JS, Markowitz JF. Can we alter the natural history of Crohn's disease in children? *J Pediatr Gastroenterol Nutr* 2005;40:262-72.
47. Vermeire S, Van Assche G, Rutgeerts P. Review article: Altering the natural history of Crohn's disease--evidence for and against current therapies. *Aliment Pharmacol Ther* 2007;25:3-12.
48. Aratari A, Papi C, Leandro G, Viscido A, Capurso L, Caprilli R. Early versus late surgery for ileo-caecal Crohn's disease. *Aliment Pharmacol Ther* 2007;26:1303-12.

LEGENDA, FIGURE E TABELLE

Figura 1. Storia naturale della Malattia di Crohn.

Figura 2. Storia naturale della Malattia di Crohn.

Figura 3. La classificazione di Vienna (1998) della Malattia di Crohn.

Figura 4. La classificazione di Vienna e la classificazione di Montreal a confronto.

Figura 5. Distribuzione della attività di malattia in ogni anno dopo la diagnosi di Malattia di Crohn.

Figura 6. Crohn's Disease Activity Index (CDAI).

Figura 7. Circa il 75% dei pazienti con Malattia di Crohn necessita di un intervento chirurgico di resezione intestinale.

Figura 8. Principali indicazioni all'intervento chirurgico nella Malattia di Crohn.

Figura 9. Recidiva clinica e lesioni endoscopiche nella Malattia di Crohn.

Figura 10. Recidiva dopo un intervento chirurgico di resezione intestinale: l'abitudine al fumo come fattore di rischio

Figura 11. La remissione indotta dalla chirurgia ha durata maggiore di quella indotta da terapia medica

Figura 12. Probabilità cumulativa di uso di immunosoppressori.

Figura 13. Probabilità cumulativa di intervento chirurgico di resezione intestinale

Figura 14. Probabilità cumulativa di un decorso libero da un intervento chirurgico di resezione intestinale in un paziente con Malattia di Crohn con “diagnosi chirurgica” (GRUPPO 1) o “diagnosi non chirurgica” (GRUPPO 2) (Log Rank test $p < 0.001$).

Tabella 1. Caratteristiche demografiche e cliniche di 490 pazienti con Malattia di Crohn.

Tabella 2. Fattori di rischio per avere un “intervento di resezione intestinale dopo la diagnosi” di Malattia di Crohn nella nostra coorte di pazienti (OR ottenuto mediante regressione logistica).

Tabella 3. Uso di terapie mediche durante il corso della malattia nei due gruppi di pazienti con Malattia di Crohn della nostra coorte.