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Título	Adalimumab and postoperative complications of elective intestinal resections in Crohn's disease: a propensity score case-matched study
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Resumo	<p>Aim: Data are scarce regarding the effect of preoperative adalimumab (ADA) in postoperative complications in Crohn's disease (CD) patients. Our aim was to compare the rates of postoperative complications after intestinal resections in CD, with and without previous exposure to ADA.</p> <p>Method: This was a case-matched retrospective observational study of patients submitted to intestinal resections for CD. The patients were allocated to two groups, according to their previous exposure to ADA before surgery. The patients under ADA therapy were matched with controls (patients without previous biologics) with the propensity score method (PSM), according to age at surgery, CD location (Montreal L) and phenotype (Montreal B). Medical and surgical complications were compared.</p> <p>Results: Initially 123 patients were considered, 71 with previous biologics (32 under ADA therapy) and 52 without. The PSM selected 25 ADA patients to be matched with 25 controls from the non-biologics group. There was no difference regarding overall surgical complications (40% in the control vs 36% in the ADA group; $P = 1.0000$) or medical complications (36% vs 12% in the control and ADA groups, respectively; $P = 0.095$). In univariate analysis, previous ADA was not considered a risk factor for higher postoperative complication rates. Stomas were considered a risk factor for surgical complications, and previous steroids were associated with higher medical complication rates.</p> <p>Conclusions: Preoperative ADA did not influence the rates of medical and surgical complications after elective intestinal resections for CD. This was the first study to include exclusively patients under ADA therapy.</p>
Fomento	