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OPERATIVE APPROACHES TO CROHN'S DISEASE AND RELAPSE PREVENTION

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Abstract: This article discusses the clinical course of Crohn's disease, diagnostic options, types of surgical approaches and their effectiveness, as well as ways to prevent postoperative relapses. The course of the disease with persistent inflammation, the high risk of recurrence, and the need for an individual approach to each patient are analyzed.

Keywords: Crohn's disease, enteritis, surgical treatment, recurrence, intestine, laparoscopy, immunosuppressive therapy.

Introduction (relevance): Crohn's disease is a chronic, relapsing granulomatous inflammatory disease affecting the entire gastrointestinal tract, which has been increasing in frequency in recent years all over the world, including in Uzbekistan. The disease is usually diagnosed in young patients (15–35 years old) and sharply reduces the quality of life. 75% of patients with Crohn's disease require surgery. However, the high rate of relapse (50-80%) reduces the quality of life of patients. Modern surgical methods (Kono-S anastomosis) and biological therapy allow for relapse control

In cases refractory to gastroenterological treatment or complicated by complications, surgical intervention is inevitable. However, after surgery, the likelihood of disease relapse is high, which requires continuous clinical, laboratory and instrumental monitoring.

Main part:

1. Clinical course and diagnosis: Crohn's disease usually begins with abdominal pain, chronic diarrhea, weight loss, fever, anemia and other general symptoms. The terminal ileum and ascending colon are most often affected.

Diagnostic methods:

- ✓ Colonoscopy and biopsy (granuloma detection);
- ✓ Computed tomography (CT enterography);
- ✓ Blood tests (CRP, ESR, anemia);
- ✓ Capsule endoscopy.

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2. Surgical approaches:

Surgery cannot completely cure Crohn's disease, but it is important in eliminating complications.

Indications:

- ✓ Narrowing of the ileum;
- ✓ Abscess and fistulas;
- ✓ Intestinal obstruction;
- ✓ Perforation;
- ✓ Gastrointestinal bleeding.

Operations performed:

- ✓ Bowel resection (segmental or subtotal);
- ✓ Stricturoplasty (widening of the stricture);
- ✓ Abscess drainage;
- ✓ Closure of fistulas.

Minimally invasive approaches: Laparoscopic methods - shorten the patient's recovery period, reduce the risk of infection and relieve pain.

3. Relapse prevention: The disease can recur even after surgery. Therefore, the patient must be under constant observation. Relapse prevention is based on:

- Immunosuppressive therapy (Azathioprine, Methotrexate);
- Biological therapy (Infliximab, Adalimumab);
- Diet and healthy lifestyle;
- Colonoscopy at least once a year.

Some studies show that starting biological therapy within 1 year after surgery reduces the risk of relapse by up to 60%.

Conclusion: Crohn's disease is a severe and difficult-to-control chronic inflammatory disease, and surgical approaches are aimed only at eliminating complications. Since the risk of recurrence after surgery is high, long-term patient follow-up, individualized therapy plan, and early initiation of biological therapy provide effective relapse prevention. Modern surgical techniques, especially laparoscopy, are one of the achievements in this field.

Surgical approaches in Crohn's disease eliminate complications of the disease, but comprehensive measures are required to prevent relapse. Improvements in surgical techniques (e.g., wider mesenteric resection), biological drugs, and smoking cessation can reduce relapse by up to 70%.

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