

Special Issue on
Is Threshold for Surgery in Crohn's Disease Set Too High?

CALL FOR PAPERS

Crohn's disease (CD) is a chronic bowel condition mainly presenting in three main phenotypes: inflammatory, stricturing, and penetrating. The management of patients affected by CD is complex since the natural history of the disease is characterized by periods of remission and periods of resumption of symptoms. The overarching goal in CD is to modify the course of the disease, controlling the inflammation, trying to achieve a clinical and endoscopic remission, and avoiding a long course steroid therapy, thus improving patients' quality of life. Therapeutic options include medical therapy and/or surgery.

The treatment choice will obviously depend on the severity of the disease, subtype, and localization of the lesions. In recent years, biological agents contributed to delay surgical approaches. Nevertheless, in their lifetime, about 80% of patients with CD will require surgery at some point. Up to 50% of patients will have a clinical recurrence of the disease within 5 years from their first surgery, and further surgical procedures will be required in up to one-third of them. The European Crohn's and Colitis Organization recommends minimally invasive approaches as the first-choice option for ileocolic resection. The exact time and precise indications to surgery are still controversial and, if surgical indication is mandatory in some specific cases, the debate is on *when* to operate. On the one hand, lowering the threshold for surgery exposes patients to an invasive treatment that, in consideration of the nature of incurable disease, it might be seen as an overtreatment that could ultimately expose the patients to several risks and potential complications. On the other hand, delaying too much the surgical indication by forcing the medical therapy could result in a reduced quality of life and, when it comes to surgery, it would increase the risks of the surgery itself and it could possibly jeopardize the minimally invasive surgical treatment. In addition, the rates of emergency surgery, with its corollary of increased mortality, morbidity, and stoma formation, are higher after a long period of steroids and immune-suppressant agents.

The purpose of this special issue is to bring studies from both gastroenterologists and surgeons, possibly integrated (as it is in real clinical practice) to discuss over the current pyramid of treatment of intestinal Crohn's disease. We hope to be able to update the current guidelines receiving works that can possibly clarify the current best management in view of the changes in the surgical perspectives, taking into consideration the quality of life and cost-effectiveness.

Potential topics include but are not limited to the following:

- ▶ CD surgery: indications, techniques, morbidity, and major challenges
- ▶ Quality of life in CD
- ▶ Analysis of costs of medical therapy
- ▶ Timing of surgery
- ▶ Treatment of relapses

Authors can submit their manuscripts through the Manuscript Tracking System at <https://mts.hindawi.com/submit/journals/grp/tss/>.

Papers are published upon acceptance, regardless of the Special Issue publication date.

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