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Summary

BASELINE PREDICTORS OF ONE-YEAR MORBIDITY IN NEWLY DIAGNOSED ULCERATIVE COLITIS

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In a retrospective study of 125 newly diagnosed ulcerative colitis patients, Mayo clinical score, pancolitis, and histological activity independently predicted UC-related hospitalization during the first year, while concomitant Clostridioides difficile infection did not.

KEY POINTS

- Mayo clinical score (OR 1.32, p=0.016), pancolitis (OR 2.82, p=0.024), and histological activity measured by Nancy Histological Index (OR 1.97, p=0.014) were independent predictors of UC-related hospitalization in the first year after diagnosis.
- Clostridioides difficile infection was identified in 20% of patients at UC diagnosis and was associated with higher histological activity (median NHI 3.5 vs 3.0, p=0.036), but did not independently predict hospitalization (OR 1.84, p=0.265).
- The study defined disease-related morbidity as any UC-related hospitalization in the first year, excluding the initial diagnostic admission, and used multivariate logistic regression to identify predictors.
- The authors conclude that clinical activity, disease extent, and histological severity at diagnosis are strong prognostic markers and suggest these findings support early risk stratification in newly diagnosed UC patients.

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