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Summary

PSC-associated IBD: A distinct phenotype with distinct management

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UEG Week Barcelona 2026 | Presentation

October 20, 2026

PSC-IBD represents a distinct IBD phenotype requiring specialized management including intensive surveillance, with evidence supporting vancomycin therapy for refractory disease.

KEY POINTS

- The speaker reported that PSC-IBD has a distinct clinical phenotype with right-sided, left-sided, or pancolitis distribution, rectal sparing, and subclinical inflammation in biopsies even without macroscopic disease.
- Dutch data presented by the speaker showed a 5% risk of colonic neoplasia at five years and 12% at ten years, with two-thirds of lesions being non-adenoma type, requiring intensive surveillance with both targeted and random biopsies.
- The speaker stated that vancomycin for four weeks induces remission in PSC-IBD, decreasing fecal calprotectin, Mayo scores, and endoscopic scores while altering the microbiome and bile acid pool.
- PSC-IBD differs genetically and immunologically from ulcerative colitis and Crohn's disease, with 50% of risk loci shared with IBD and specific T cell signatures in the right colon according to single-cell RNA sequencing.
- Pouchitis affects two-thirds of PSC-IBD patients after pouch reconstruction and is more chronic and refractory than in ulcerative colitis, requiring careful counseling before restorative surgery.
- The speaker uses vancomycin in patients refractory to IBD medication and suggests longer treatment may be needed to demonstrate benefit for biliary lesions.

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