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Summary

BETWEEN RISK AND NECESSITY: URGENT COLECTOMY IN ASUC AFTER RECENT NSTEMI ON DAPT

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A case of acute severe ulcerative colitis requiring urgent colectomy in a patient on dual antiplatelet therapy following recent myocardial infarction illustrates the challenge of balancing surgical urgency with cardiovascular and bleeding risks.

KEY POINTS

- A 65-year-old male with ulcerative colitis diagnosed in March 2023 failed sequential therapy with mesalazine, budesonide, vedolizumab, and infliximab despite therapeutic drug levels and absence of antibodies.
- Three days after the fourth infliximab dose in January 2025, the patient experienced NSTEMI requiring coronary stent placement and initiation of dual antiplatelet therapy, with additional stenoses identified.
- Acute severe ulcerative colitis developed in April 2025 after transient improvement from C. difficile treatment, leaving the patient bedbound and requiring urgent total colectomy despite ongoing dual antiplatelet therapy.
- The case demonstrates that when medical therapy fails in acute severe colitis, urgent colectomy may be unavoidable even with recent acute coronary syndrome, requiring multidisciplinary coordination to balance ischemic and bleeding risks.

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