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Summary

Appendectomy? The solution for ulcerative colitis

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IBD | Mechanisms & Personalised Medicine | Paediatrics | Surgery

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The speaker presented evidence that appendectomy may maintain remission and induce remission in selected patients with ulcerative colitis, with the CURE trial showing a 20% reduction in relapse rates and the COSTA trial demonstrating 33% combined clinical and endoscopic remission in biologic-exposed active UC patients.

KEY POINTS

- The speaker reported that in the CURE randomised controlled trial, appendectomy plus standard therapy was superior to standard therapy alone in maintaining UC remission at one year, with relapse rates reduced by 20% and patients requiring biological agents significantly less often.
- The speaker stated that in the COSTA trial of 116 biologic-exposed active UC patients, 33% in the appendectomy group achieved combined clinical and endoscopic remission at 12 months without therapy failure, compared to 12% in the JAK inhibitor group.
- The speaker reported that complication rates were very low at 4% in the active UC trial, with only minor complications unrelated to colon activity.
- The speaker stated that patients with proctitis or left-sided colitis responded better than those with pancolitis, and appendiceal inflammation or appendix diameter of 6mm or more predicted response to appendectomy.
- The speaker noted that median time to response after appendectomy is 12 weeks, which is slower than advanced medical therapies like JAK inhibitors.
- The speaker recommended that appendectomy should be discussed earlier in the treatment pathway in collaboration between gastroenterologists and surgeons, not only when colectomy is the last resort.

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