

HO VS OXFORD VS CRP/ALBUMIN RATIO: WHICH TOOL WINS THE BATTLE AGAINST STEROID-REFRACTORY COLITIS?

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A retrospective study of 43 patients with severe acute colitis compared three prognostic scores for predicting corticosteroid response, finding the Oxford score (day 3) had the best performance despite low specificity.

KEY POINTS

- The overall corticosteroid response rate was 44.2% among 43 patients hospitalized for severe acute colitis.
- The Oxford score (day 3) showed the highest sensitivity at 47.4% with a statistically significant difference in response rates between positive and negative groups (29% vs 83.3%, $p = 0.004$).
- The Ho score (day 1) had modest performance with 10.5% sensitivity and 54.2% specificity but showed a statistically significant association with response ($p = 0.030$).
- The CRP/albumin ratio was significantly higher in non-responders (3.86 vs 2.30, $p = 0.038$) but demonstrated limited predictive performance at the cut-off of 3.0.
- The authors conclude that the Oxford score showed the best performance for identifying corticosteroid failure risk by day 3, while the Ho score remains useful for early risk stratification at admission.

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