

RENAL AMYLOIDOSIS: STILL A COMPLICATION EVEN IN THE ERA OF BIOTHERAPY

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UEG Week Copenhagen 2023

Poster

IBD

October 15, 2023

A 40-year retrospective study identified renal amyloidosis in 5 of 1664 IBD patients (all with Crohn's disease), diagnosed an average of 6 years after CD onset, with 60% mortality despite treatment including biotherapy.

KEY POINTS

- Among 1664 IBD patients (1103 Crohn's disease, 561 ulcerative colitis) followed over 40 years, only 5 Crohn's disease patients developed renal amyloidosis, presenting as renal failure in 60% and nephrotic syndrome in 40%.
- All affected patients were treated for Crohn's disease with azathioprine in 80% and biotherapy in 60%, yet renal amyloidosis developed an average of 6 years after CD diagnosis at a mean age of 46 years.
- Treatment for amyloidosis included colchicine in 60%, kidney transplant in one patient, and hemodialysis in one patient, with deterioration of renal function in 60% of cases.
- Mortality was 60%, with deaths attributed to myocarditis and septic shock, and one patient remains on hemodialysis.
- The authors conclude that renal amyloidosis remains a rare but potentially serious complication of IBD requiring timely diagnosis for improved prognosis.

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