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Summary

"I am a little better, doctor": When is 'better' enough in ASUC

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IBD | Surgery

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A case-based educational presentation demonstrates a treat-to-target pathway for acute severe ulcerative colitis using objective day-3 reassessment criteria to guide timely escalation to tofacitinib rescue therapy, achieving steroid-free remission and colectomy avoidance at 12 months.

KEY POINTS

- The speaker applied Oxford day-3 criteria to identify steroid non-response, defined as more than 8 bowel movements per day or 3-8 bowel movements with CRP above 35, which the speaker stated is the only score validated in the post-biological era.
- The speaker initiated tofacitinib 10 mg three times daily for three days then twice daily as rescue therapy on day 3, citing ease of use, maintenance option availability, and network meta-analysis data showing effectiveness in reducing short-term colectomy risk.
- The speaker reported the patient achieved clinical response by day 10, steroid withdrawal by two months, dose reduction to tofacitinib 5 mg twice daily by four months, and endoscopic mayo subscore of 1 with no flares at 12 months.
- The speaker emphasized comprehensive supportive care from admission including IV fluids, electrolyte replacement, nutritional support, and VTE prophylaxis with low molecular weight heparin, noting UC patients have eightfold increased VTE risk during flares.
- The speaker recommended data-guided decision making with daily CRP monitoring and objective reassessment criteria rather than relying on clinical perception of improvement alone to guide escalation decisions.

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