

CLINICAL FEATURES AND NATURAL HISTORY OF PAEDIATRIC PATIENTS WITH ULCERATIVE PROCTITIS: A MULTICENTRE STUDY FROM THE PAEDIATRIC IBD PORTO GROUP OF ESPGHAN

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Poster

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In a multicenter retrospective study of 196 pediatric patients with ulcerative proctitis, 48% who underwent repeat endoscopy showed proximal disease progression and treatment escalation to biologics occurred in 42.8% by 5 years despite most presenting with mild clinical disease activity.

KEY POINTS

- 196 children (median age 14.5 years) diagnosed with ulcerative proctitis between 2016-2020 were followed for a median of 2.7 years across 37 European centers.
- At diagnosis, 67.9% had mild clinical disease activity (PUCAI <35), yet 75.3% showed moderate-severe endoscopic inflammation (Mayo score 2-3), and median fecal calprotectin was 645 mcg/g.
- Treatment escalation rates at 5 years were 57.8% for oral steroids, 43.2% for thiopurines, and 42.8% for biologics, while colectomy occurred in only 3.1%.
- Among rescoped patients, 48% developed proximal disease extension; presence of cecal patch at diagnosis was associated with progression (21.6% vs 6.9%, $P=0.027$).
- PUCAI score ≥ 35 at diagnosis independently predicted escalation to biologics (HR 3.5), subsequent acute severe colitis (HR 2.7), and IBD-related hospitalization (HR 2.3).

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