

IL-33/ST2 AND GUT MICROBIOTA AXIS CAN MODULATE THE INFLAMMATORY PROCESS OF ULCERATIVE COLITIS PATIENTS WITH ILEAL POUCH-ANAL ANASTOMOSIS

Franco Scaldaferri

UEG Week Copenhagen 2023

Poster

IBD

October 15, 2023

A study of 30 ulcerative colitis patients with ileal pouch-anal anastomosis found that pouchitis is associated with reduced IL-33/ST2 signaling, altered gut microbiota composition, and an inverse correlation between Collinsella abundance and ST2 levels.

KEY POINTS

- Among 30 UC patients with ileal pouch-anal anastomosis, 18 had pouchitis and 12 had normal pouches; multiple pro-inflammatory cytokines (IL-1Ra, IL-6, IL-8, IL-17, IP-10, MCP-1, MIP-1a, MIP-1b) were increased in inflamed pouches compared to normal pouches.
- IL-33 and ST2 protein levels were reduced in inflamed pouches versus both the afferent ileal loop and normal pouches, with increased cleaved less-active IL-33 in pouchitis patients; the authors suggest this indicates a potential defective healing process.
- Patients with pouchitis showed decreased overall microbial biodiversity, significantly lower Akkermansia muciniphila, and increased Collinsella abundance in both the pouch and afferent ileal loop compared to patients with normal pouches.
- Multivariate analysis revealed a significant inverse correlation between Collinsella and Collinsella aereofaciens abundance and ST2 levels in pouchitis patients, suggesting a potential role for the IL-33/ST2 and gut microbiota axis in mucosal wound healing.

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