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Summary

DO ALL PATIENTS IN ENDOSCOPIC REMISSION NEED BIOPSIES? SERUM IL-10 AS A BLOOD-BASED MARKER OF DEEP REMISSION IN ULCERATIVE COLITIS

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UEG Week Barcelona 2026 | Presentation

Histopathology | Surgery | Radiology & Imaging | Mechanisms & Personalised Medicine | Immunology | IBD

October 20, 2026

Serum IL-10 demonstrated excellent discrimination for deep remission in ulcerative colitis, with 31.3% of patients in endoscopic remission retaining microscopic inflammation.

KEY POINTS

- Among 137 UC patients, 31 of 99 (31.3%) in endoscopic remission (Mayo Endoscopic Score ≤1) retained microscopic inflammation despite apparent endoscopic healing.
- Serum IL-10 showed AUC 0.947 (95% CI 0.905–0.982) for deep remission, with an optimal threshold of 4.3 pg/mL yielding 91.2% sensitivity and 94.2% specificity.
- Among patients in endoscopic remission, serum IL-10 concentrations were significantly higher in those with histologic healing than in those with residual histologic inflammation (P<0.001).
- In multivariable analysis, higher IL-10 remained independently associated with deep remission (adjusted OR 32.67, 95% CI 10.73–99.44; P<0.001), whereas CRP was not (adjusted OR 0.74, P=0.243).
- This single-centre prospective study used Firth penalized logistic regression with bootstrap internal validation, defining deep remission as both endoscopic remission and histologic healing (Geboes score <2.0).

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