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Summary

Recognising and responding to extraintestinal manifestations of IBD in the clinic

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Extraintestinal manifestations of IBD affect up to 50% of patients, frequently require specific systemic treatment beyond gut-directed therapy, and include neutrophil-mediated disorders such as pyoderma gangrenosum that are under-investigated and should never be biopsied.

KEY POINTS

- The speaker presented a case of pyoderma gangrenosum affecting the ear in a patient with ulcerative colitis that improved rapidly within 3 to 4 days after infliximab induction, and emphasized that pyoderma lesions should never be biopsied as this worsens the condition.
- Pyoderma gangrenosum, Sweet syndrome, and some forms of uveitis are neutrophil-mediated disorders producing necrosis without bacterial infection; the speaker highlighted these as under-investigated areas warranting further research into neutrophil pathology in IBD.
- Extraintestinal manifestations occur in up to 50% of IBD patients and have an overall prevalence of 6% at any given time; some parallel intestinal disease activity while others such as axial arthropathy and many-joint peripheral arthropathy are independent of gut inflammation.
- Colectomy does not reliably eliminate extraintestinal manifestations: in ulcerative colitis about half of patients lose their manifestations, but in Crohn disease two-thirds maintain them, and primary sclerosing cholangitis can worsen after colectomy.
- The speaker stated that infliximab has the most experience for treating extraintestinal manifestations and that steroids remain effective for acute flares of neutrophil diseases, though 5-ASA acts only in the gut and cannot treat manifestations independent of intestinal inflammation.

– Fatigue in IBD has multiple mechanisms including anemia, iron deficiency, and high IL-6 levels; the speaker noted that anti-IL-6 antibodies provided immediate relief in studies but carry bowel perforation risk, and high-dose thiamine showed only short-term benefit in one study.

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