

MANAGEMENT AND OUTCOME OF CYTOMEGALOVIRUS INFECTION IN ULCERATIVE COLITIS PATIENTS

Giorgos Bamias

UEG Week Copenhagen 2023

Poster

IBD

October 15, 2023

A retrospective study of 47 CMV infections in 37 ulcerative colitis patients from two Greek hospitals (2017-2023) found a 21.3% first-year colectomy rate, with prominent diarrhea (UC PRO bowel movement >2) independently predicting surgery.

KEY POINTS

- The study included 47 CMV infection episodes in 37 UC patients (68% male, mean age 47.5 years, median UC duration 3 years), with 68.1% having extensive colitis (E3) and 7 patients experiencing CMV recurrence.
- CMV diagnosis was established by PCR in colonic biopsies in 46.8% of cases, by immunohistochemistry in 46.8%, and solely by inclusion bodies in 6.4%; most patients (46.8%) received ganciclovir with corticosteroids, and one case required Foscarnet for ganciclovir-resistant CMV.
- Colectomy occurred in 21.3% of patients within the first year after CMV diagnosis, with 4 patients requiring surgery during initial hospitalization.
- In multivariate analysis, UC PRO bowel movement >2 remained statistically significant for predicting colectomy ($P=0.041$), with a trend for albumin <3.8 mg/dl ($P=0.082$); univariate analysis also identified age >54 years, disease duration >6.5 years, and vedolizumab treatment at diagnosis as associated factors.
- The authors conclude that CMV infection is more common in ulcerative pancolitis patients on immunomodulatory therapy and recommend diagnosis via combined immunohistochemistry and PCR in biopsies.

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