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Summary

# LONG-TERM OUTCOMES OF CUFFITIS IN PATIENTS AFTER TOTAL PROCTOCOLECTOMY WITH ILEAL POUCH-ANAL ANASTOMOSIS DUE TO ULCERATIVE COLITIS

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UEG Week Berlin 2025 | Presentation

Colorectal | Endoscopy | Surgery | IBD

October 7, 2025

**Histologic cuffitis after IPAA for ulcerative colitis independently predicts higher rates of pouch flares and antibiotic use, even without concurrent pouchitis.**

## KEY POINTS

- In 116 UC patients post-IPAA followed prospectively, histologic cuffitis (NANCY Index 3-4) was detected in 76 patients (65.5%) and histologic pouchitis (PDAI□2) in 80 patients (68.9%).
- Patients with histologic cuffitis had significantly higher incidence of subsequent disease flares (IRR 4.39, 95% CI 2.26-9.86, p<0.001) and required more antibiotic courses (IRR 1.94, 95% CI 1.11-3.62, p=0.027) compared to those without cuffitis.
- These associations remained significant after adjusting for the presence of histologic pouchitis, indicating cuffitis is an independent risk factor.
- No significant difference was observed in the initiation of biologics between patients with and without cuffitis (p=0.81).
- Among 61 patients with at least two endoscopies and isolated inflammation at baseline, 65.5% maintained the same inflammatory pattern (cuffitis or pouchitis) over time, suggesting limited cross-phenotype progression.
- The authors conclude that routine histologic assessment of the rectal cuff should be incorporated into post-IPAA surveillance and that interventional studies are warranted to determine whether targeted treatment of cuffitis can reduce pouch-related morbidity.

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