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Summary

MANAGEMENT OF ACUTE SEVERE COLITIS IN CROHN'S DISEASE

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A retrospective study of 38 Crohn's disease patients with acute severe colitis found a 55% corticosteroid response rate, with elevated CRP and hypoalbuminemia predicting treatment failure and nearly 40% requiring colectomy.

KEY POINTS

- Among 267 Crohn's disease patients followed over 5 years, 38 (14.2%) developed acute severe colitis, which was the presenting feature in 26.3% and complicated known disease in 73.7%.
- Intravenous methylprednisolone (0.8 mg/kg/day, maximum 40 mg/day) achieved response in 21 patients (55.2%), with mean Lichtiger score improving from 11.84 at baseline to 8.7 at day 5 in responders.
- CRP greater than 45 on admission and hypoalbuminemia were predictive factors for corticosteroid failure in univariate analysis, with odds ratios of 3.2 and 1.31 respectively.
- Among 17 corticosteroid-resistant patients, 3 received infliximab and 15 underwent subtotal colectomy with ileostomy; postoperative mortality occurred in 2 patients (5.3% overall).
- This material is most relevant for gastroenterologists and colorectal surgeons managing acute severe colitis in Crohn's disease patients.

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