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Summary

Medical management of pouchitis

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Surgery | Primary Care

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The speaker presented medical management strategies for pouchitis after pouch surgery in ulcerative colitis, advocating for earlier use of advanced therapies over prolonged antibiotic courses and integration of dietary intervention.

KEY POINTS

- The speaker reported that almost 80% of patients in their 400-patient Rabin Medical Centre cohort develop pouchitis during follow-up, with approximately one-fifth progressing to chronic forms.
- Acute pouchitis is treated with ciprofloxacin or metronidazole for 2-4 weeks, but the speaker described this as short-term success with long-term failure, as symptoms and fecal calprotectin resurge within months after stopping antibiotics.
- The speaker's research showed that antibiotics suppress but do not eliminate pathogenic bacteria producing exotoxins, which resurge after treatment cessation.
- The Earnest study demonstrated vedolizumab was significantly better than placebo for chronic pouchitis and is the only EMA-registered therapy, though the speaker's cohort uses ustekinumab in almost half of patients on advanced therapy.
- The speaker recommends a paradigm shift toward earlier escalation to advanced therapy rather than repeated antibiotic courses, with pouch age at biologic initiation averaging almost a decade in their cohort.
- The speaker advocates using a modified Mediterranean diet system called IBD-med as co-therapy to help rebuild a protective microbiome alongside advanced therapies.

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