

SURGICAL RESECTIONS FROM IBD PATIENTS EXHIBIT A SPECIFIC INTESTINAL MYCOBIOME

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UEG Week Berlin 2025

Poster

IBD

October 5, 2025

First characterization of the intestinal mycobiome in surgical resections from IBD patients reveals significant fungal alterations in Crohn's disease and distinct mycobiome signatures between complicated CD phenotypes.

KEY POINTS

- In Crohn's disease surgical resections, significant mycobiome alterations included increased abundance of *Malassezia* ($\log_2FC=-1.4$) and *Malassezia globosa* ($\log_2FC=-9.4$), alongside reduced *Yarrowia lipolytica* ($\log_2FC=8.2$) compared to non-IBD controls.
- Ulcerative colitis resections showed only modest changes in fungal diversity and richness compared with controls.
- Complicated Crohn's disease phenotypes (B2 vs B3) exhibited distinct mycobiome profiles, with *Dothideomycetes* unclassified (AUC 0.823) and *Cladosporium* unclassified (AUC 0.737) identified as potential discriminators.
- Correlation analyses revealed complex interkingdom interactions between fungal and bacterial communities, with different correlation patterns in UC versus CD patients.
- This study analyzed fungal communities in surgical resections from 20 UC and 30 CD patients using ITS region sequencing and would be relevant to researchers investigating IBD pathophysiology and the gut mycobiome.

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