CHARACTERIZATION OF CARDIOVASCULAR RISK, LIVER STEATOSIS AND FIBROSIS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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Cross-sectional study of 79 IBD patients found liver fibrosis in 11% of Crohn's disease and 25% of ulcerative colitis patients, with higher BMI identified as an independent risk factor for fibrosis development.

KEY POINTS

- Among 79 IBD patients (53 Crohn's disease, 24 ulcerative colitis), liver fibrosis prevalence was 11% in Crohn's disease and 25% in ulcerative colitis patients (p=0.13), as assessed by transient elastography with LSM threshold greater than 8 kPa.
- Liver steatosis was present in 36% of Crohn's disease and 70% of ulcerative colitis patients (p=0.04), defined by CAP measurement greater than 248 dB/m.
- Patients with fibrosis were significantly older (median 47 vs 36 years, p=0.01), had higher BMI (median 31.01 vs 24.61, p=0.03), and more frequently had history of thromboembolic disease (23% vs 3%, p=0.007).
- In multivariate regression, higher BMI was the only independent risk factor for fibrosis (OR 1.25, 95% CI 1.05-1.48, p=0.01).
- Cardiovascular risk assessed by SCORE2 was low in both groups (median 4 for Crohn's disease, 5 for ulcerative colitis, p=0.83).

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