MAINTENANCE THERAPY AFTER AN EPISODE OF STEROID-RESPONSIVE ACUTE SEVERE ULCERATIVE COLITIS: WHAT IS THE BEST STRATEGY?

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A retrospective cohort study of 32 patients with steroid-responsive acute severe ulcerative colitis found that biologic maintenance therapy was associated with a lower rate of long-term composite adverse events compared to 5-ASA or immunomodulator therapy, though short-term outcomes were similar between groups.

KEY POINTS

- Among 32 patients hospitalized with acute severe ulcerative colitis who responded to steroids (2014-2022), 72% were discharged on biologics and 28% on 5-ASA or immunomodulators, with median follow-up of 3 years.
- No differences in short-term outcomes (under 1 year) were observed between the biologic and 5-ASA or immunomodulator groups.
- In long-term outcomes (over 1 year), patients on biologics had a significantly lower rate of composite events—proximal extension, therapy escalation, new hospitalization, or colectomy—compared to 5-ASA or immunomodulator patients (17% versus 67%, p=0.013).
- During follow-up, 50% of all patients required new steroids, 53% needed therapy escalation, 31% required rehospitalization, and 16% underwent colectomy.
- The authors note that their small sample size, particularly the low number on 5-ASA or immunomodulators, limits conclusions and larger studies are needed.

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