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Summary

IMPACT OF SICKLE CELL DISEASE ON THE COURSE OF INFLAMMATORY BOWEL DISEASE AND DRUG SAFETY PROFILE: A MULTICENTER STUDY

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A multicenter case-control study of 24 patients with both sickle cell disease and inflammatory bowel disease found a distinctive phenotype with 95% colonic involvement and 33.3% concomitant primary sclerosing cholangitis, but no difference in disease course or safety outcomes compared to IBD patients without sickle cell disease.

KEY POINTS

- Among 24 patients with both sickle cell disease and IBD matched with 101 controls, 33.3% had concomitant primary sclerosing cholangitis compared to 1% of controls ($p<0.001$), and 95% had colonic involvement.
- Survival without complicated disease course at 10 years was 52.7% for sickle cell disease patients versus 38.9% for controls, with no significant difference ($p=0.36$).
- Adverse events with advanced therapies occurred in 26.3% of sickle cell disease patients versus 13.5% of controls, with no significant difference ($p=0.17$) and one vaso-occlusive crisis associated with thiopurines.
- No deaths occurred during follow-up and no significant safety signal was raised regarding immunomodulators or advanced therapies in this high-risk population.
- The authors suggest systematic screening with cholangio-MRI should be considered given the high prevalence of primary sclerosing cholangitis in patients with both conditions.

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