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Summary

A SINGLE CENTRE AUDIT REVIEWING THE PRACTICE OF ACUTE SEVERE ULCERATIVE COLITIS (ASUC) MANAGEMENT USING CALCINEURIN INHIBITOR AND BIOLOGICAL THERAPY. ARE THEY SHOWING GOOD OUTCOME AND SUCCESS IN AVOIDING COLECTOMY AT 30 DAYS AND 1 YEAR MARK?

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A retrospective audit of 74 patients with acute severe ulcerative colitis treated with infliximab or ciclosporin between 2021-2022 found high colon retention rates with infliximab and universal colectomy requirement with ciclosporin.

KEY POINTS

- Among 32 patients receiving inpatient infliximab, 84.4% achieved complete colon retention at one year, with 78.1% avoiding further flare-ups.
- All six patients treated with ciclosporin failed therapy and required rescue colectomy; five had received ciclosporin as second-line treatment after infliximab failure.
- Among inpatient infliximab recipients, all 14 patients co-prescribed purine analogues avoided colectomy at one year, compared with 14 of 18 not receiving purine analogues.
- Mortality included one chest sepsis death in the inpatient infliximab group and one death in the outpatient infliximab group within one year, plus one ciclosporin patient death.
- The authors conclude their data support biological therapy to avoid colectomy in acute severe ulcerative colitis, with purine analogue co-prescription appearing protective.

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