UTILITY OF BIOMARKERS IN PREDICTING DISEASE ACTIVITY AND LONG-TERM OUTCOME IN ULCERATIVE COLITIS – A LONGITUDINAL FOLLOW UP STUDY

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A 33.89% reduction in fecal calprotectin predicted endoscopic healing and a 67.8% reduction predicted histological improvement in ulcerative colitis, with histological improvement showing stronger association with reduced disease flare over three years.

KEY POINTS

- Among 40 patients with ulcerative colitis achieving clinical remission, 83.7% had endoscopic healing (MES ≤ 1) and 41.8% had histological improvement (Geboes ≤ 3).
- A 33.89% reduction in baseline fecal calprotectin predicted endoscopic healing (AUC 0.802, sensitivity 0.72, specificity 0.86), while a 67.8% reduction predicted histological improvement (AUC 0.869, sensitivity 0.83, specificity 0.68).
- During three-year follow-up, 12.5% of patients with histological improvement experienced flares compared to 77.7% of those with endoscopic healing alone (p=0.02).
- All 14 patients with worsening fecal calprotectin despite clinical remission experienced symptom relapse on follow-up, and none achieved histological improvement.
- Patients with histological improvement showed significant reductions in fecal calprotectin (p<0.001) and serum NGAL (p=0.002) at clinical remission.

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