MAINTENANCE OF CLINICAL BIOCHEMICAL AND TRANSMURAL REMISSION IN IBD PATIENTS SWITCHING FROM INTRAVENOUS TO SUBCUTANEOUS INFLIXIMAB

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A prospective multicentre study of 36 IBD patients switched from intravenous to subcutaneous infliximab after achieving transmural remission found maintained transmural, clinical, and biochemical remission over a mean follow-up of 212 days with no severe adverse events.

KEY POINTS

- All 36 patients (61% Crohn's disease, 39% ulcerative colitis) maintained intestinal ultrasound-confirmed transmural remission throughout follow-up, with bowel wall thickness and Limberg vascularization scores remaining normal.
- No statistically significant increases in fecal calprotectin or C-reactive protein were observed; only 3 patients (8.3%) had transitory fecal calprotectin elevation above 250 ug/g unrelated to ultrasound or endoscopic activity.
- No patients discontinued subcutaneous infliximab therapy; safety profile included six mild infective events and two mild cutaneous injection reactions with no severe adverse events.
- All patients remained in clinical remission, including those with perianal disease, and no patient required treatment discontinuation during the study period.
- This preliminary report may be relevant to clinicians managing IBD patients on long-term intravenous infliximab who are considering switching to subcutaneous administration.

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