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Summary

SUCCESSFUL TREATMENT OF SEVERE PYODERMA GANGRENOSUM AND REFRACTORY CROHN'S COLITIS WITH UPADACITINIB

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UEG Week Barcelona 2026 Poster

IBD

October 18, 2026

A 22-year-old woman with severe refractory Crohn's colitis and extensive pyoderma gangrenosum of both lower limbs achieved complete mucosal healing and skin lesion resolution with upadacitinib after failing four prior biologic therapies.

KEY POINTS

- The patient had failed infliximab, adalimumab, vedolizumab, and ustekinumab, presenting with fecal calprotectin of 8962 µg/g, anal fissures, deep colonic ulcers, and extensive lower limb pyoderma gangrenosum while requiring 40-60 mg daily corticosteroids.
- Treatment with upadacitinib, a selective JAK1 inhibitor, produced rapid response in both intestinal and cutaneous disease with complete skin lesion resolution, normalization of fecal calprotectin to 25 µg/g, and successful steroid withdrawal.
- Colonoscopy nine months after upadacitinib initiation demonstrated complete mucosal healing, and the patient remains in remission beyond 18 months with restored quality of life.
- The presenter notes that evidence for upadacitinib in pyoderma gangrenosum associated with Crohn's disease remains very limited to a few case reports, and further studies are needed.
- This case may be of particular interest to clinicians managing patients with refractory inflammatory bowel disease and difficult-to-treat extraintestinal manifestations.

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