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Summary

ELDERLY-ONSET ULCERATIVE COLITIS: DIFFERENCES IN DISEASE COURSE AND RISK OF STRUCTURAL COMPLICATIONS

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UEG Week Barcelona 2026 Poster

IBD

October 18, 2026

A single-center retrospective cohort study of 357 ulcerative colitis patients found that elderly-onset disease (diagnosis at ≥60 years) was associated with more frequent and earlier intestinal surgery despite similar baseline inflammatory severity compared to adult-onset disease.

KEY POINTS

- Elderly-onset UC patients (n=44) had higher rates of intestinal surgery compared to adult-onset patients (n=313): 13.6% versus 4.5% (p=0.034), and surgery occurred significantly earlier after diagnosis (median 2 versus 44 months, p=0.017).
- Baseline disease extent and Mayo scores at diagnosis were comparable between elderly-onset and adult-onset groups, but elderly-onset patients had higher comorbidity burden and lower biologic therapy exposure (9.1% versus 26.5%, p=0.013).
- In exploratory multivariable analysis adjusted for steroid exposure, elderly-onset UC was associated with higher likelihood of severe structural complications (OR 4.38, 95% CI 1.60–11.95, p=0.004), though this estimate should be interpreted cautiously due to limited number of events.
- Overall severe structural complications (intestinal complications and/or surgery) occurred in 6.2% of patients, and the model demonstrated moderate discriminative ability (AUC=0.74).
- The authors note that residual confounding and treatment-related differences should be considered when interpreting these findings; clinicians managing elderly-onset UC patients may find this material relevant.

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