

Paediatric ulcerative colitis 2025 guideline

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Presentation

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Updated paediatric ulcerative colitis guidelines recommend higher-dose infliximab with proactive therapeutic drug monitoring and provide structured pathways for ambulatory and acute severe disease management.

KEY POINTS

- The speaker stated that infliximab is now recommended at 10 mg/kg per dose at weeks 0, 2, and 6, then every 4 to 8 weeks for maintenance in ambulatory UC, representing a change from 2018 guidelines.
- In uncomplicated UC, therapeutic drug monitoring should be performed before the fourth infliximab infusion at week 14 with a target trough level of 8 mg/L or above, while patients with increased clearance risk factors should have TDM at week 6 targeting 50 mg/L or above.
- For acute severe colitis with Pucai score over 65, the speaker stated that second-line infliximab should be initiated on day 5 of intravenous corticosteroids at 10 mg/kg at weeks 0, 1, and 3, then every 2 to 3 weeks.
- Approximately 80 percent of children with UC present with pancolitis, making disease more extensive than in adults, according to the speaker.
- The speaker noted that approximately two-thirds of the guideline statements are based on expert consensus rather than high-level evidence, reflecting limited paediatric-specific trial data.
- Alternative biologics and small molecules are mentioned as options after anti-TNF failure but most have not been formally approved for paediatric use, with approval lag times of 6 to 11 years after adult licensing.

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