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Summary

PAEDIATRIC INFLAMMATORY BOWEL DISEASE UNCLASSIFIED IN SCOTLAND: LONG-TERM LONGITUDINAL NATURAL HISTORY DATA WITH UP TO 20 YEARS OF FOLLOW-UP

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In a Scottish nationwide cohort of 89 children with inflammatory bowel disease unclassified followed for up to 20 years, 58% were eventually reclassified as ulcerative colitis or Crohn's disease, and those reclassified had more severe disease and higher surgery rates than those remaining IBDU.

KEY POINTS

- Among 89 paediatric IBDU patients (median age at diagnosis 11.6 years, median follow-up 10.5 years), 27% were reclassified as ulcerative colitis and 31% as Crohn's disease after median disease durations of 3.7 and 4.38 years respectively, while 42% remained IBDU.
- Patients reclassified to UC or CD were significantly more likely to require resectional surgery compared to those remaining IBDU (UC 25%, CD 21%, versus IBDU 8%, p less than 0.001 for both comparisons).
- Reclassified patients had a more severe disease course at 5 years (50% moderate-to-severe activity) compared to those remaining IBDU (21%, p equals 0.01), though remission rates at 5 and 10 years did not differ by subtype.
- Overall, 38% of patients achieved long-standing remission on aminosalicylates, 34% required biologics, and 15% underwent resectional surgery after a median of 6.7 years.
- This study provides clinicians with long-term outcome data for counselling families of children diagnosed with IBDU and highlights the importance of surveillance endoscopy for diagnostic reclassification.

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