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Summary

EFFICACY OF ADVANCED THERAPIES FOR THE TREATMENT OF REFRACTORY POUCHITIS IN PATIENTS WITH ILEAL-POUCH-ANAL ANASTOMOSIS (IPAA): A MULTICENTRE ITALIAN REAL-LIFE EXPERIENCE

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In a multicentre retrospective study of 77 ulcerative colitis patients with chronic pouchitis after ileal pouch surgery, biologic and small molecule therapies achieved clinical remission in 61.4% at 12 months, with infliximab showing the highest response rate.

KEY POINTS

- Clinical response at 12 months was achieved in 56.8% of patients across 88 treatment lines using infliximab, adalimumab, golimumab, vedolizumab, ustekinumab, tofacitinib, and upadacitinib
- Infliximab demonstrated 70% clinical response at 12 months compared to other agents (range 52.1-100% for individual drugs), though no statistically significant differences were found between therapies (p=0.610)
- Among patients who had failed anti-TNF therapy before surgery, 42.1% (8 of 19) still achieved clinical and endoscopic response to anti-TNFs when used for chronic pouchitis
- Treatment failure requiring ileostomy occurred in only 3 patients (3.4%) and adverse events in 1 patient, suggesting a favorable safety profile
- This study may inform treatment selection for gastroenterologists managing chronic pouchitis in post-colectomy ulcerative colitis patients

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