gutflix
GI learning, personalised

Summary

Panel discussion: Dilemmas in ulcerative colitis: Back to the basics or fast forward

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Mechanisms & Personalised Medicine | IBD

October 17, 2026

This panel discussion addressed practical dilemmas in ulcerative colitis management, including when to stop thiopurine therapy, the role of appendectomy, and thresholds for escalating treatment in patients with residual inflammation.

KEY POINTS

- The speakers stated that more than half of patients will flare within five years after stopping thiopurine, and one-third will flare after three years; they recommend frequent monitoring in the first year, starting 5-ASA as a protective measure, and avoiding steroids in older patients who flare, moving directly to advanced therapy instead.
- Regarding appendectomy, the speakers reported that the COST trial showed appendectomy did not prevent colectomy and stated it is not appropriate for patients with pancolitis who are unwell and approaching colectomy, though it may have a role in less severe, more distal disease.
- The speakers stated that thiopurine remission rates in maintenance are at the same level or better than newer compounds and noted the cost difference of €250 per year for thiopurine versus up to €20,000 per year for biologics, which the speaker said should be considered in treatment decisions.
- For residual inflammation on therapy, the speakers stated that remaining inflammation under optimized conventional therapy indicates uncontrolled disease requiring escalation to advanced therapy, while for patients on advanced therapy the decision is more nuanced and depends on inflammation severity, with moderate-to-severe inflammation warranting a switch even if asymptomatic.
- The speakers emphasized the importance of discussing surgery early in the disease course, as patients move to third or fourth line therapy, rather than waiting until they are more unwell, and noted that treatment decisions in older patients must balance medication risks against alternatives including surgical risk.

– One speaker described giving upadacitinib to an 83-year-old patient with multiple comorbidities whom the anaesthetist deemed too high-risk for surgery, and reported the patient was very happy with the outcome, illustrating the speaker's view that age alone should not preclude advanced therapy when alternatives are limited.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/dc67a2c8-d14f-11f1-b625-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.