gutflix
GI learning, personalised

Summary

The pregnant IBD patient (Complete Session)

UEG Week Berlin 2025 | Presentation

IBD | Paediatrics

October 6, 2025

Two case presentations illustrate medical and surgical management of ulcerative colitis flares during pregnancy, emphasizing aggressive treatment to maintain remission, appropriate timing of surgery when needed, and emerging use of IL-23 inhibitors and low-dose aspirin in pregnancy.

KEY POINTS

- The first case described a 30-year-old woman on adalimumab who developed severe colitis at 16 weeks gestation (25 bloody stools daily, CRP 60, albumin 22) and failed IV corticosteroids and cyclosporin by day 8, leading to subtotal colectomy in the second trimester with subsequent stoma prolapse at 32 weeks managed conservatively until delivery of a healthy infant at 38 weeks.
- The second case presented a 31-year-old woman in remission on ustekinumab who flared with 20 bloody stools daily when planning assisted reproduction, failed IV corticosteroids and cyclosporin, was treated with upadacitinib 45mg daily with rapid improvement, then transitioned to mirikizumab 12 weeks before planned conception and delivered a healthy term infant.
- The speakers stated that IL-23 inhibitors can be continued or initiated in pregnancy to ensure remission, noting mirikizumab is IgG4 with expected lower placental transfer than IgG1 biologics, though published safety data are limited to post-marketing reports and one case series.
- Low-dose aspirin at 150mg daily should be started before 16 weeks gestation to reduce severe preterm pre-eclampsia, with a number needed to treat of 22, particularly important for women with Crohn's disease or active disease.
- Intestinal ultrasound is recommended each trimester for monitoring, as recent data suggest bowel wall thickness over 6mm or hyperemia in early pregnancy predicts adverse outcomes including preterm delivery and may detect subclinical inflammation better than symptoms alone.

– Pregnant patients requiring surgery for refractory colitis should be referred to tertiary centers with experienced IBD surgeons, as surgery in pregnancy carries significant risk but should not be delayed when medically indicated, with the second trimester being optimal timing.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/c9631c16-a82e-11f0-8ec9-0242ac140006

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.