PO04 POUCH SURGERY OFFERS A GOOD QUALITY OF LIFE DESPITE ONGOING PROBLEMS

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Introduction: Pouchocolectomy with ileal pouch-anal anastomosis (IPAA) is thought to be the best option for patients with intractable ulcerative colitis (UC). Despite removing entire inflammed bowel, several symptoms usually persist in most patients with IPAA. Aims and methods: To assess a functional status and quality of life, we performed a retrospective analysis in 20 patients with UC and IPAA. We looked at the course of the disease prior to and after IPAA (e.g. corticosteroid use and corticosteroid resistance, type of pouch, frequency of pouchitis or other complications) and assess the functionality of the pouch and quality of life (QOL) in all patients. We used questionnaires for functional outcome, fecal continence and QOL assessment.

Results: Thirteen patients had corticosteroid and 7 corticosteroid disease, most operations were 3-step procedures. Forty percent of our patients experienced at least one course of pouchitis. Regarding the functionality of the IPAA, the percentage of soft stools was 6 during the day and 2 at the night, with rare incontinency but frequent difficulty to differentiate between the stool and gas when urgency occurs. Most patients had to modify their activities according to the intensity of bowel problems, more than one third used regularly therapeutic anti diarrheals. Evaluations of the quality of life assessed by the Cleveland Global Quality of Life (CGQOL) questionnaire revealed in our patients the mean score of 0.73, which is a result similar to what has been described in patients with IPAA by others. It is obviously higher than CGQOL score described in UC patients with intractable UC pre-operatively.

Conclusions: Pouchocolectomy with IPAA improves the quality of life, but does not cure UC without functional consequences. Most patients had to modify their life in accordance with the intensity of their bowel problems. These results should be considered when deciding on therapeutic modality in UC patient.

PO03 BUDESONIDE MMX IS EFFICIENT AND SAFE IN PATIENTS WITH ACTIVE LEFT-SIDED ULCERATIVE COLITIS

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Ulcerative colitis (UC) is characterized by episodes of relapse and remission. Many patients need systemic corticosteroids, leading to important toxicity. Goal: to study the safety and efficacy of MMX budesonide (BUD), a topical steroid, in active left-sided UC.

Methods: Thirty-six patients with moderately active left-sided UC (CAI or colitis activity index 4-14) were treated with 9 mg MMX-BUD extended release (Cosmo S.p.A., Italy) for 8 weeks or placebo (PLA) for 4 weeks followed by 9 mg MMX-BUD for 4 weeks, all given as single tablet in the morning. Background therapy was kept unchanged; topical therapy, antibiotics, biologics and systemic steroids were prohibited. The primary endpoint was the proportion of patients with a CAI reduction of at least 50% or remission (CAI <4) at week 4; secondary endpoints included the proportion of patients with a 70% reduction in CAI after 8 weeks of 9 mg MMX-BUD and morning cortisol levels and a short ACTH-test performed at week 4 and 8.

Results: 32 patients were available for analysis, with comparable characteristics in both groups. The primary endpoint was reached by 8/17 (47.1%) patients in the BUD group and 5/15 (33.3%) in the PLA group (NS). Lack of significance is probably due to the small sample size. No change or worsening disease was seen in 1/17 BUD and 5/15 PLA patients. The CAI decreased significantly from baseline to week 4 with BUD (p<0.0001) but not with placebo (p=0.1). Adverse events included headache (11.9%) and abdominal pain (8.3%). Changes in plasma cortisol levels and ACTH tests were similar in both groups.

Conclusions: 4 weeks of treatment with 9 mg MMX- Budesonide induces clinical improvement in patients with active left-sided UC without significant suppression of the cortisol axis Larger controlled trials are warranted.