Conclusion: During the course of the trial 2g mesalazine (PENTASA) sachets given once daily or in divided doses were effective for the maintenance of remission of mild-to-moderate UC, were well tolerated and both groups had comparable safety profiles. PENTASA dosed once daily is expected to improve patient compliance and enhance treatment success in IBD and the 12 month results are awaited.

P117 THE UNDERSTANDING WHERE TO PERFORM THE BOWEL RESECTION IN CROHN’S DISEASE (CD) SURGERY


Introduction: According to our studies carried out in agreement with Warren and Sommers’, CD would consist of an intestinal lymphoma caused by the obstruction of the related lymphatic vessels. This would be confirmed by the constant presence of lymphangiectasia, edema and fibrosis of the intestinal wall in the histopathological patterns. For the surgical treatment of CD, it is agreed that the diseased bowel tract must be dissected. However, there is no criteria to macroscopically distinguish a healthy bowel from a diseased one, so we don’t know exactly where to perform surgery. The aim of this study is to establish an objective criteria to recognize the conditions of the intestine performing a correct dissection to reduce the incidence of postoperative recurrence.

Material and Methods: We studied 11 pts. (7 men, 4 women, average age 41 yrs.) with a chronic intestinal obstruction, 10 affected by terminal ileitis and 1 with recurrent ileitis, 0.5-1 ml of vital die (Patent Blue V Sodium Guerbet 2.5%) was injected into the intestinal wall, at the terminal ileum level, proceeding in a proximal and distal direction, to establish the site of ileal section. The die stopped in the diseased area, rapidly spreading through the intestinal wall and mesenteric-mesocolic lymphatic vessels where the intestine was healthy. Bowel dissection was performed on both ends where the vital die began to spread freely.

Results: The cut edges were normal in 9 cases, while in 2 lymphangiectasia and an increase in the number of lymphatic vessels were observed. Endoscopic controls showed no recurrences in 9 pts. with normal cut edges, at 2 yrs distance.

Conclusions: These results, despite the low number of cases, appear to encourage the level at which a bowel dissection be performed and for interpreting CD as an intestinal lymphoma. We propose a multicentric study to gather more cases offering significant statistical results.

P118 INFliximAB AS RESCUE THERAPY IN ACUTE SEVERE UC: A SURVEY OF THE SCOTTISH SOCIETY OF GASTROENTEROLOGY (SSG)

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Introduction: As many as 40% of patients with acute severe ulcerative colitis (UC) will fail to respond to first-line medical therapy. Treatment of these patients has been limited to surgery or cyclosporine. Doubts remain about the efficacy of cyclosporine and concerns over its toxicity. Jarnerot et al demonstrated in a randomised controlled trial that infliximab as ‘rescue’ therapy for severe UC was effective with emergency colectomy rates of 29% vs. 67% for placebo (p=0.017, NHT–3)]. We have previously reported on the first 9 patients treated in this setting in Scotland.

Aims: We aimed to complete a pan-Scotland retrospective audit of infliximab use as rescue therapy for patients with acute severe UC failing first line intensive medical therapy, and determine factors predicting short and long-term outcome.

Methods: All members of the SSG were invited by e-mail to participate in this survey. Responses from 12 hospitals in Scotland were received of which 8 provided sufficient data on 39 patients for inclusion in the study at the time of abstract writing. All data were collected retrospectively by case-note review. All 39 patients met Truelove and Witts criteria for disease severity at admission. There were 23 male and 16 female patients with a median age at diagnosis of 30.7 years (IQR 21.9-43.3). 5.2% had proctitis (E1), 46.2% left-sided colitis (E2) and 43.6% extensive colitis (E3). The timing of infliximab therapy was at the discretion of the clinicians involved.

Results: 26/39 (66.6%) of patients avoided urgent colectomy following infliximab rescue therapy. The median duration from admission to infliximab therapy was 9 days (IQR 5.5-12 days). Patients treated within 5 days of admission were significantly more likely to undergo colectomy than those treated after 6 or more days (55.5% vs. 26.7%, p=0.05). Colectomy was predicted by low serum albumin at admission and at day 3 of iv steroids (p=0.03), but not by stool frequency or CRP. 11 patients (28.2%) were discharged from hospital, died of septic shock from broncho-pulmonary pneumonia 3 weeks following infliximab therapy. One patient had severe post-operative sepsis resistant to anti-bacterial therapy and only responding to intensive anti-fungal treatment.

Conclusions: Infliximab may be an effective rescue therapy in acute severe UC, but safety concerns remain paramount and appropriate patient selection is critical.


P119 GENE EXPRESSION PROFILING TO PREDICT THE RESPONSE OF INFliximAB IN PATIENTS WITH UC


Introduction and Aim: Infliximab (IFX), the chimeric monoclonal antibody against tumor necrosis factor-α, has been recently shown to be effective for maintaining clinical remission and mucosal healing in patients with moderate-to-severe, active ulcerative colitis (UC) (1). We have previously reported on the first 9 patients with UC undergoing infliximab therapy as rescue therapy for patients with acute severe UC failing first-line medical therapy. Treatment of these patients has been limited to surgery or cyclosporine. Doubts remain about the efficacy of cyclosporine and concerns over its toxicity. Jarnerot et al demonstrated in a randomised controlled trial that infliximab as ‘rescue’ therapy for severe UC was effective with emergency colectomy rates of 29% vs. 67% for placebo (p=0.017, NHT–3)]. We have previously reported on the first 9 patients treated in this setting in Scotland.

Methods: Colonie mucosal biopsies were obtained from 11 CU patients before and 4 weeks after treatment. The patients were classified as (non-)responders based on clinical, endoscopic, histological and laboratory findings. Total RNA was isolated, labelled and hybridized to Affymetrix HG-U133plus2.0 array. Data was analyzed using R software. Probe level analysis was performed using robust multichip average methods. Wilcoxon’s test, Mann-Whitney test, moderated t test (Llimma) and significance analysis of microarrays (SAM) were used for statistical data analyses. Hierarchical clustering was performed to visualize transcript/sample relationship. The EASE application on the DAVID homepage was used for Gene Ontology analysis.

Results: For treatment effect, we analyzed the change in expression of 5 responders before and after treatment. By SAM analysis (FDR –0.05), 195 probesets were upregulated and 130 were downregulated after treatment. The downregulated probesets included genes that were predominantly involved in immunity, inflammatory response, signal transduction, cell communication and apoptosis. For predicting response to IFX treatment, expression profiles of responders and non-responders before treatment were compared. In 5 responders and 6 non-responders, 31 probesets identified by SAM analysis (FDR –0.22) were differentially expressed and an unsupervised hierarchal clustering perfectly separated these responders from non-responders. Five probesets were downregulated in non-responders with a fold change > 2. The genes represented by these probesets were Transcription factor 7-like (TCF7L2), Rho GTPase activating protein 5 (ARHGAP5), PH domain and leucine rich repeat protein phosphatase-like (PHLPPL), MAX interactor 1, Gen. Surg. Dept., Azienda Ospedaliero-Universitaria Careggi, Florence - Italy; 4 Victoria Hospital, Kirkcaldy; 5 Queen Alexandra Hospital, Ayr

References: