Therapy in Inflammatory Bowel Disease

av

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Akademisk avhandling

Avhandling för medicine doktorsexamen i medicinsk vetenskap med inriktning mot medicin, som enligt beslut av rektor kommer att försvaras offentligt fredag den 23 november 2012 kl. 09.00, Wilandersalen, Universitetssjukhuset Örebro

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Abstract

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The aim of this thesis is to study treatment of inflammatory bowel disease with respect to an acute severe attack of ulcerative colitis and endoscopic balloon dilation in stricturing Crohn’s disease.

A retrospective follow-up was made in 158 patients who were given intensive intravenous corticosteroid treatment due a severe, moderate, or mild attack of ulcerative colitis between 1975 and 1982. After 10 years, the colectomy frequency in the severe disease group was 64%, and 49% and 28% in the moderate and mild groups, respectively. Severity of the original attack did not influence the subsequent clinical course with respect to colectomy.

In 2005, a controlled Swedish–Danish trial of infliximab as rescue therapy in an acute severe attack of steroid refractory ulcerative colitis showed that colectomy frequencies after 3 months were lower in infliximab-treated patients (29%) compared to placebo-treated patients (67%). After 3 years, a statistically significantly lower colectomy frequency remained in patients treated with infliximab (50%) compared to placebo (76%).

Between 1989 and 2009, 178 patients underwent endoscopic balloon dilation due to intestinal strictures in Crohn’s disease. Seventy-five patients, with a follow-up of 5 years or longer, underwent dilations due to symptomatic strictures only. After 5 years of follow-up, 39/75 (52%) of the patients had undergone no further intervention or one additional dilation only, and 36% had had surgery. The complication frequency was 5.3%, of which 10 patients (1.3%) required surgery. In 83 patients, we studied whether smoking at diagnosis affected the outcome after index dilation. In the group of active smokers, 31/32 (97%) underwent another intervention compared to 18/33 (55%) in never smokers (HR 2.18, 95% CI: 1.22-3.93, p = 0.01). Clinical parameters such as sex, age at diagnosis, age at first dilation, balloon size, localisation of stricture, treatment with azathioprine and treatment period did not influence outcome.

Keywords: Crohn's disease, ulcerative colitis, rescue therapy, infliximab, stricture, endoscopic balloon dilation, smoking, surgery.

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