

Outcomes following acute severe colitis at initial presentation

a multi-centre, prospective, paediatric cohort study

OUR AIM was to assess outcomes in children with acute severe ulcerative colitis (ASUC) at initial presentation.

BACKGROUND - ASUC is a severe flare of ulcerative colitis. Children with ASUC require hospitalization and prompt treatment. Current guidelines recommend treatment escalation if there's no improvement after five days of intravenous corticosteroid therapy. Most children receive infliximab as rescue therapy, which reduces the need for an urgent colectomy.

However, there is a lack of current data showing overall outcomes among children with ASUC, including those whose symptoms settle with corticosteroids. Having this data can help predict the need for advanced treatment and guide selection of the best maintenance therapy.

STUDY POPULATION

- 105 children and adolescents (<17 years) across Canada with new-onset ASUC between April 2014 and January 2019.
- 42% male; median age 14 years; extensive colitis in all.

PRIMARY OUTCOME

The majority of children presenting with ASUC require escalation to infliximab.

Earlier introduction of infliximab was associated with reduction in steroid use and further hospitalization.

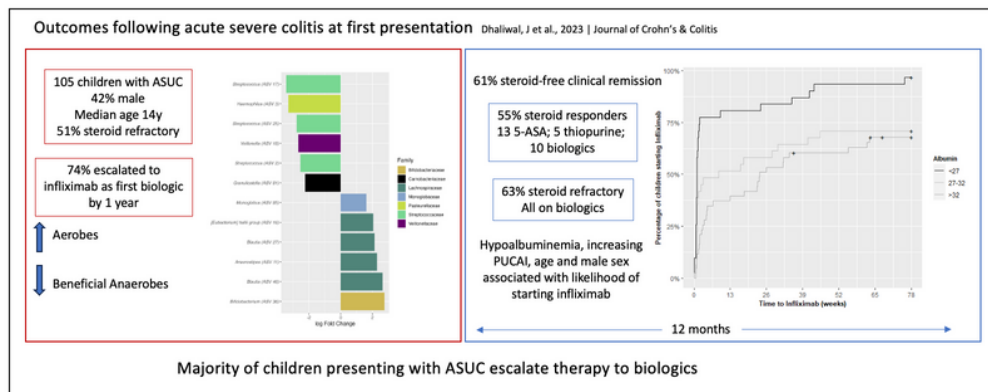
DEFINITIONS

Inflammatory Bowel Disease (IBD) is a term for three conditions (Crohn's disease, ulcerative colitis, and IBD-unclassified) that are characterized by chronic inflammation of the gastrointestinal (GI) tract.

Colectomy is a type of surgery in which the colon (large intestine) is removed.

Steroids are a type of medication used to reduce inflammation in IBD.

Biologics are a type of advanced medication used to reduce inflammation in IBD. Infliximab is a biologic.



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The Canadian Children Inflammatory Bowel Disease Network

A Partnership with the CH.I.L.D. Foundation

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