



Comparison of complications after ileal pouch-anal anastomosis in ulcerative colitis patients with and without primary sclerosing cholangitis

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BACKGROUND

Patients with PSC-UC are more likely to experience pouchitis, chronic pouchitis and pouch failure than patients with UC alone (1, 2).

Aims: To compare rates of pouch complications and need for biologics in patients with and without PSC.

METHODS

We performed a retrospective cohort study of patients who underwent IPAA surgery. Pouchoscopies and clinical examination were performed 1, 3, 6, and 12 months after surgery. Fisher's exact test was used to compare frequency of pouch complications between PSC-UC and UC group.

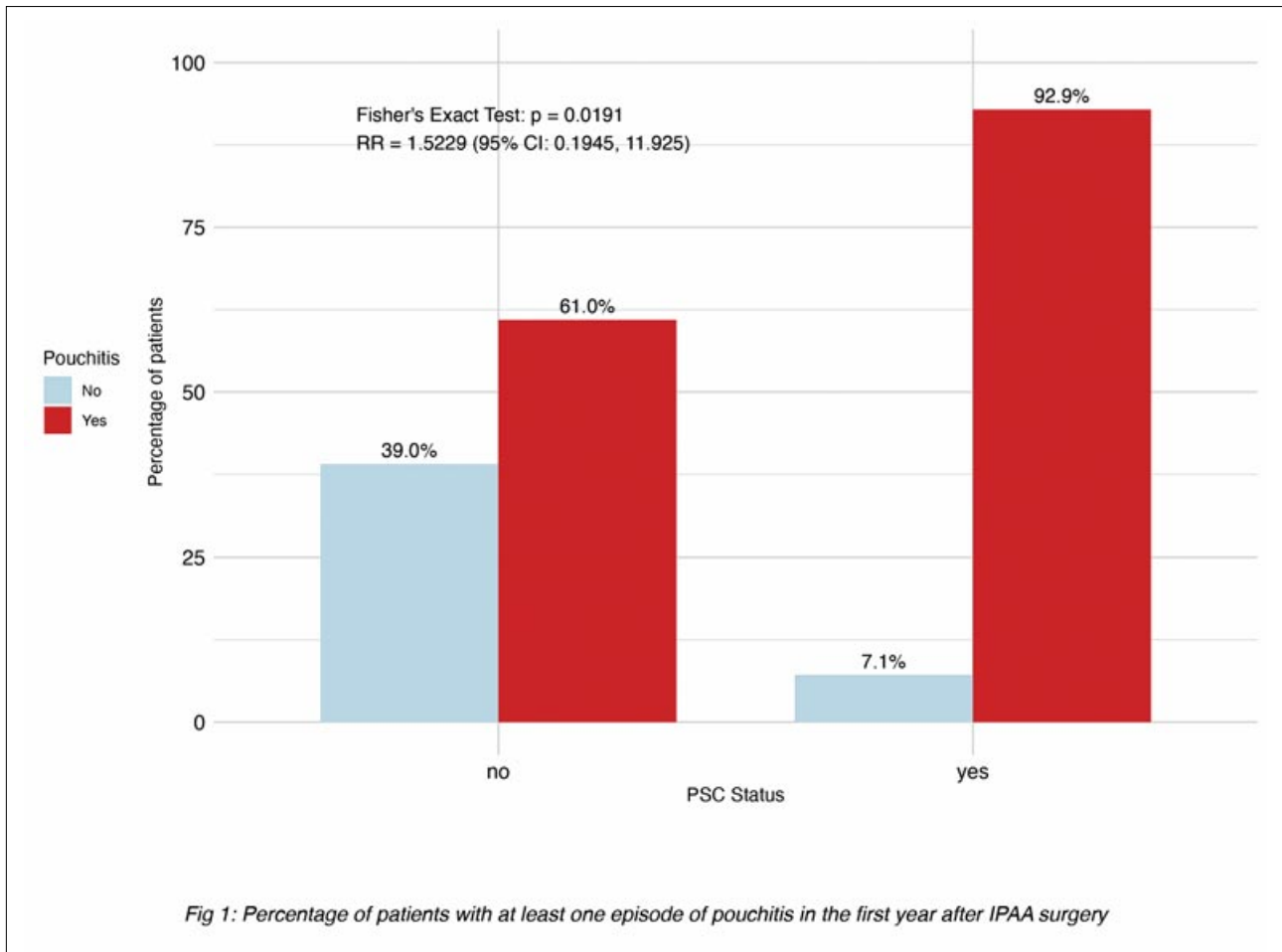
RESULTS

In our cohort there were 186 patients with UC that underwent IPAA surgery, among them 14 (7.5%) with concomitant PSC. By month 12, 92.9% of PSC-UC patients had developed pouchitis compared to 61.0% in the UC only group (n= 178, RR 1.52, 95% confidence interval (CI) 0.19-11.92, p=0.02). After a median follow-up of 24 months, the need

for biologics in PSC-UC group tended to be higher (n=163: 30.8% vs 12.7%, RR 2.43, 95% confidence interval (CI) 0.68-8.66, p=0.09). Pouch failure tended to occur more frequent in the PSC-UC group (n= 163: 7.7% vs 4.0%, RR 1.92, 95% confidence interval (CI) 0.21-17.31, p=0.45).

CONCLUSION

Percentage of patients with at least one episode of pouchitis in the first year after IPAA surgery was significantly higher in UC-PSC group. Additionally, patients with PSC-UC after IPAA surgery appear to be at higher risk for pouch complications, such as pouchitis, the need for biologics and pouch failure, however statistical significance was not achieved due to a low sample size in UC-PSC group.



References

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