



Pouchitis assessed by the SES-CD score is more associated with biologic therapy initiation after IPAA than endoscopic element of PDAI

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BACKGROUND

The pouchitis disease activity index (PDAI) is the most used tool to assess the inflammation of the pouch. Endoscopic element of PDAI (ePDAI) is often not reliable or responsive (1, 2). The simplified endoscopic score for Crohn's disease (SES-CD) has recently been proposed for this setting (3).

AIMS

To describe the correlation between SES-CD score and several important clinical outcomes.

METHODS

We performed a retrospective cohort study of patients who underwent ileal pouch-anal anastomosis (IPAA) at our tertiary referral centre. Endoscopic and clinical examinations were performed at 1, 3, 6, and 12 months after IPAA for each patient. All pouchoscopies (n=497, 86.4% of total) with video (83.5%) or photodocumentation (16.5 %) were reviewed by the same reviewer (JS) and additionally scored with SES-CD endoscopic score in the pouch body. Kaplan-Meier curves were used to assess the impact of the ePDAI and SES CD scores for initiation of biologics. Pouchoscopies were classified as low-

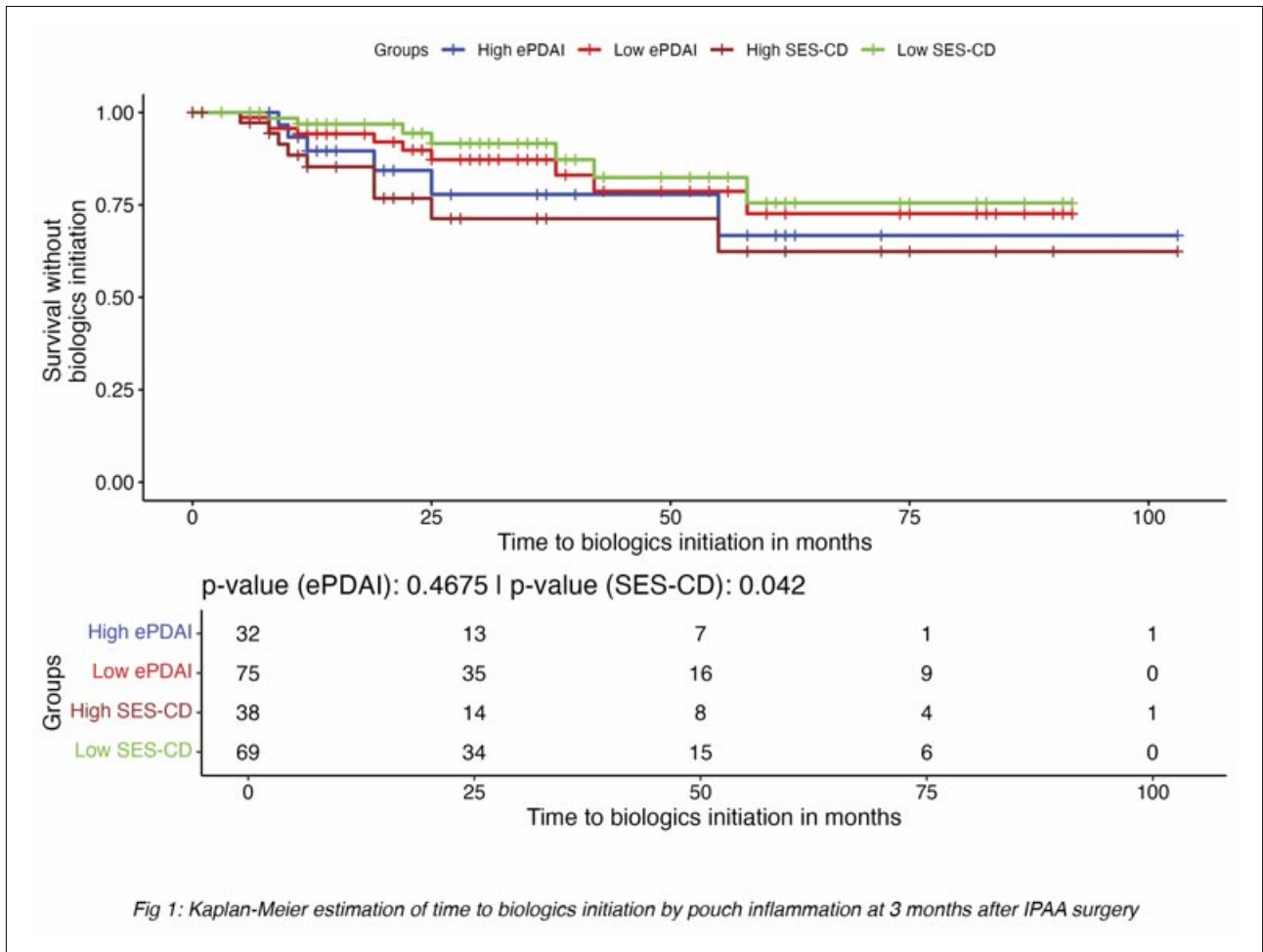
grade (ePDAI (1; SES CD (3) or high-grade inflammation (ePDAI > 1; SES CD > 3).

RESULTS

The total cohort included 206 patients (46.1% female). There was linear correlation between ePDAI and SES-CD score (rho 0.69, p<0.001). At month 3 and 12, only SES-CD was associated with higher need for biologic therapy (month 3: p 0.467 for ePDAI, p 0.042 for SES-CD; month 12: p 0.0571 for ePDAI and p 0.0387 for SES CD).

CONCLUSION

The SES-CD score may be an alternative to ePDAI for scoring of pouch inflammation.



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