

Poster Presentation

TITLE	Infliximab Rescue in Acute Severe Ulcerative Colitis
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ABSTRACT DETAILS:	
Background:	Acute Severe Ulcerative Colitis (ASUC) is a medical emergency. Steroids have been the mainstay of treatment but can result in treatment failure in nearly 40 % of the cases. Infliximab, a chimeric monoclonal antibody against TNF- α can be used as rescue therapy.
Method:	Retrospective audit of our patient group admitted from January 2016 - December 2016 in the GI medical unit at Victoria Hospital, Kirkcaldy, NHS Fife. We cater to a population of three hundred and sixty thousand. All adult patients admitted to the GI unit who satisfied the criteria for ASUC and did not respond to intravenous steroids and required rescue Infliximab regime used was 5mg/kg on 0,2, 6 weeks and then 8 weekly if maintenance decided. Treatment failure was defined as need for surgery. All data was collected retrospectively by case-note review.
Results:	16 patients received Infliximab rescue therapy. 14 patients (87.5%) were males and the median age 51 years (range 19-85). 6 patients (37.5%) had first diagnosis at the current admission. 10 patients (62.5%) had extensive colitis. As per Truelove and Witts criteria disease was severe at Day 1 and Day 3. All criteria were similar at Day 3 except haemoglobin and albumin which were significantly lower. Interval between admission to induction of Infliximab therapy was significantly longer in patients with new diagnosis of UC. (Median 7 vs. 13.5, $p < 0.05$). Four patients required surgery – subtotal colectomy with end ileostomy giving a treatment failure rate of 25%, all of whom were operated within 9 days of first administration of Infliximab. There was a median follow up of 14 months (Range 6 – 18). 11 of the 12 medically treated patients have been weaned off the steroids, while a single surgical patients is getting topical treatment for proctitis. Four patients in the medically managed group are on Infliximab maintenance. There was a mortality due to fulminant chest sepsis secondary 2 weeks after initiation of treatment.
Conclusions:	Although a small sample size, it still alludes to two issues pertinent 10 years since the seminal survey of Scottish gastroenterology practice of Infliximab rescue in ASUC: time delay before initiating rescue and mortality despite better selection .Since this audit we have devised an IBD group which includes gastroenterologists ,colorectal surgeons and IBD Specialist nurses which has education meetings twice a year, a IBD surgical rota and a structured performa to start IBD treatment available in the Acute Admissions Unit.
References:	Rutgeerts P et al. Infliximab for Induction and Maintenance Therapy for Ulcerative Colitis N Engl J Med 2005; 353:2462-2476

