

S018 IBD and Lymphoma

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The risk of lymphoproliferative disorders (LD) has become a major concern for clinicians managing patients with inflammatory bowel disease (IBD). The incidence of LD has been increasing since the 1970s. The strongest and best-established risk factors for LD are primary and acquired immunodeficiencies notably via defective immune surveillance of Epstein-Barr virus. The risk of LD is increased in many autoimmune disorders, inflammatory diseases and chronic suppurative disorders. The risk of LD in IBD patients is similar to or very slightly higher than that observed in the general population. The possible role of immunosuppressant therapy in lymphomagenesis is difficult to distinguish from the many potential confounders, but there is good evidence that thiopurine therapy is associated with a moderately increased risk of LD. The risk associated with methotrexate seems low, although the data are scarce and come from settings other than IBD. Likewise, anti-TNF agents are usually combined with thiopurines in IBD, meaning that their possible role is difficult to individualize. The recently identified risk of hepatosplenic T cell lymphoma and fatal post-mononucleosis LD, respectively, in young male IBD patients co-treated with anti-TNF and thiopurines and in EBV-seronegative male IBD patients is probably low but needs to be better quantified.

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