

S019 HEPATO-SPLENIC T CELL LYMPHOMA (HSTCL) – Does it Matter for Pediatric IBD ?

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The growing number of reports of HSTCL, an aggressive and commonly fatal form of T cell lymphoma, mainly in adolescents and young adults with Crohn's disease treated with a combination of thiopurines (azathioprine or 6-mercaptopurine) and infliximab, has raised a lot of concern among gastroenterologists dealing with IBD. Patients with HSTCL typically present with hepatosplenomegaly, symptomatic cytopenias and constitutional symptoms, in the absence of lymphadenopathy. There is no effective therapy, with the majority of reported cases being rapidly fatal despite attempts at chemotherapy or stem cell transplantation.

The exact mechanism underlying the development of HSTCL is still uncertain, but there is a growing view that the combination of long-term thiopurines at high doses with anti-TNF α is a critical factor. Interestingly, HSTCL has not reported in rheumatology or dermatology (where concomitant thiopurines are not used), whereas cases of HSTCL were described in IBD patients treated with thiopurines and never receiving anti-TNF α

In light of these observations, the attitude of physicians caring for moderate-to-severe IBD cases seems to be changed and a new strategy consisting of biological monotherapy may offer a more favourable safety profile. In this regard the results of SONIC trial are considered of great interest among clinicians.

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