

S011 How to Treat Severe Ulcerative Colitis?

Travis S.*1

1John Radcliffe Hospital and Linacre College, Oxford, UK

Inducing remission Acute severe colitis (ASC) is defined as a bloody stool frequency ≥ 6 /day with any one of a tachycardia (pulse >90 bpm), temperature ($>37.8^{\circ}\text{C}$), anaemia (Hb $<10.5\text{g/dL}$), or raised ESR ($>30\text{mm/hr}$) is an indication for intensive intravenous treatment with hydrocortisone. A paediatric disease activity index has been developed and validated in children with ASC [1]. Ciclosporin 2mg/kg or infliximab (IFX) 5mg/kg are appropriate as rescue therapy for non-responders to intravenous steroids; debate continues about which is best. Nevertheless, about 30% come to colectomy and objective criteria for predicting the need for colectomy have been validated. The timing of colectomy is the most important decision that a physician makes, in conjunction with the patient and surgical colleagues. This needs particularly careful contingency planning in children.

Maintaining remission Criteria for azathioprine include patients who have had an episode of ASC. IFX (5mg/kg every 8wk) maintains remission in a proportion, but the need for continuing therapy with IFX in ASC is less clear than in outpatients with treatment-refractory UC.

Conclusion Therapeutic decisions should have a strategy, aimed at navigating the patient around relapses and through to sustained remission. Good management depends on clinical skills, compassion and care of the individual as well as on pharmaceuticals.

References

1. Turner D, Walsh CM, Benchimol EI, et al. Severe paediatric ulcerative colitis: incidence, outcomes and optimal timing for second-line therapy. *Gut*. 2008;**57**:331-8.
2. Travis SPL, Stange EF, Lémann M, et al. European Consensus on the diagnosis and management of ulcerative colitis: current management. *J Crohn's & Colitis* 2008;**2**:24-62

Session : Clinical Session 1 – Specific Care for Pediatric IBD (part II)