

## **S020 Opportunistic Infections in IBD**

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Combined immunosuppression has become standard in the medical management of severe IBD because of clearly demonstrated efficacy. Clinical studies, registries and case reports warn for the increased risk for infections, particularly opportunistic infections. However, even in the steroid mono therapy era patients were at risk since it is accepted that a patient should be considered immunosuppressed when receiving a daily dose of 20 mg prednisone for 2 weeks. Currently prescriptions involve more azathioprine, methotrexate and various biological agents. The TREAT registry evaluated safety in over 6000 patients for about 1.9 years. Infliximab treated patients have an increased risk for infections but this is associated with disease severity and prednisone use (Lichtenstein, 2006). The REACH study, evaluating the efficacy of infliximab in children with moderate to severe Crohn's disease, reports a serious infections as the major adverse events and their frequency is higher with shorter treatment intervals (Hyams, 2007). The combination of immunosuppressive medications and older age are risk factors for opportunistic infections (Toruner, 2008). The infective agents can be viral, bacterial or parasites. Latent infections can be reactivated as is the case with TB and anti-TNF agents or JC virus and  $\alpha$ -4 integrins. Most case reports describe anti-TNF treated patients who develop severe infections with Salmonella (sepsis, arthritis) or Listeria (sepsis, arthritis, meningitis, meningoencephalitis). Carefully updated vaccination charts are a necessity for IBD patients at diagnosis. Patients should be informed about the risks of live vaccines, travel , hygienic recommendations and dietary precautions.

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