CLOSTRIDIUM DIFFICILE INFECTION IN PRE-EXISTING USTEKINUMAB TREATMENT STRATEGIES IN A72

Introduction

Inflammatory bowel disease (IBD) is a risk factor for clostridium difficile infection (CDI), and it is known that CDI in an IBD patient is associated with higher morbidity and mortality. It is thought that factors including alterations in the gut microbiome, mucosal disruption and immunosuppression provide a synergistic environment for CDI to complicate the gut, yet there is no agreed consensus on best management of these patients.

Our aim is to examine a series of recent cases to assess our own practice and subsequent outcomes.

Methods

A retrospective analysis was carried out of all cases of CDI in IBD patients in NHS GG&C during 2018. Patients were identified via the regional CDI database; those with co-existing IBD were extrapolated.

Data collected included demographics, IBD subtype, and presence of other CDI risk factors. Severity of symptoms was assessed using Truelove & Witts Criteria. Initial management, and any changes following the diagnosis of CDI were noted. Outcomes were measured by length of stay, survival to discharge and whether surgical intervention was required.

Results

14 patients in total were identified. 10 had a diagnosis of ulcerative colitis, 3 of Crohn’s disease and 1 IBD unclassified. 11 of the 14 were on immunosuppressive therapy at the time of CDI (2 anti TNF; 1 thiopurine; 1 steroid; 7 5ASA) – this was continued in all cases. 9 of the patients presented with acute severe colitis based on Truelove & Witts Criteria.

Once the diagnosis of CDI was established metronidazole was given in 9 cases, and vancomycin in 5 (doses and any subsequent alterations shown in table 1). Assessment with Travis criteria on day 3 indicated high chance of colectomy in 7 patients however none required surgical intervention. No patients received rescue biologics or faecal transplant. Median length of stay was 19 days (range 3–169). One patient did not survive to discharge. Since index admission 4 were readmitted, and 6 have subsequently had their IBD therapy escalated.

Conclusions

Managing CDI in those with co-existing IBD is clinically challenging. This case series highlights the lack of consensus on how this should be approached, even within a single health board. This suggests that a wider body of work is required to establish guidance and provide better outcomes.

Abstract PTH-080 Table 1

<table>
<thead>
<tr>
<th>Patient</th>
<th>Initial</th>
<th>Change 1</th>
<th>Change 2</th>
</tr>
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<tbody>
<tr>
<td>1 – 3</td>
<td>Metronidazole</td>
<td>400 mg TDS</td>
<td></td>
</tr>
<tr>
<td>4 – 5</td>
<td>Vancomycin</td>
<td>125 mg QDS</td>
<td></td>
</tr>
<tr>
<td>6 – 8</td>
<td>Metronidazole</td>
<td>400 mg TDS</td>
<td>125 mg QDS</td>
</tr>
<tr>
<td>9</td>
<td>Vancomycin  + IV Metronidazole</td>
<td>125 mg QDS</td>
<td>500 mg TDS</td>
</tr>
<tr>
<td>10</td>
<td>Vancomycin</td>
<td>Vancomycin to 500 mg QDS</td>
<td>+ Metronidazole</td>
</tr>
<tr>
<td>11</td>
<td>Vancomycin</td>
<td>125 mg QDS</td>
<td>200 mg BD</td>
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<tr>
<td>12</td>
<td>Metronidazole</td>
<td>125 mg QDS</td>
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<td>13</td>
<td>Metronidazole</td>
<td>400 mg TDS</td>
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PTH-080 CLOSTRIDIUM DIFFICILE INFECTION IN PRE-EXISTING INFLAMMATORY BOWEL DISEASE: A CASE SERIES

Iona Campbell*, Emily Brownson, Elaine Robertson. NHS Greater Glasgow And Clyde, UK

10.1136/gutjnl-2019-BSGAbstracts.139

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Richard Harris, Martin McDonnell, Marion Bettey, Louise Downey, David Young, Richard Felwick, Markus Gwiggner, Fraser Cummings*. University Hospital Southampton, UK

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Introduction

Ustekinumab (UST) is a human IgG1 kappa mAb to the shared p40 subunit of IL-12 and IL-23 which are involved in TH1 and TH17 mediated pathways of Crohn’s disease (CD) pathogenesis. NICE approved UST for CD in 2014 and 2017 respectively (Suppl 2):A1

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Methods

This was a retrospective observation cohort study of all CD patients treated with UST outside clinical trials in a single UK IBD centre. Physician’s global assessment (PGA) was recorded at baseline, post induction and 1 year. Primary