Methods We randomised consecutive patients diagnosed with ASUC (modified Truelove and Witt’s classification) to receive placebo infusions or combination antibiotics (intravenous ceftriaxone and metronidazole) groups. Response as defined by oxygen criteria was used to assess response on day three. We also assessed changes in partial Mayo score, CRP levels and reduction in fecal calprotectin at day three. Also, we assessed the need for second line drug therapy, colectomy, length of hospital stay and mortality by day 28.

Results Fifty patients were randomised: 25 in each arm (Median age: 33, IQR 25–45, 23(46%) males). Twenty-two patients had extensive disease, while the median disease duration was 24 months. Sixteen patients (64%) in antibiotic arm responded (complete and partial response) at day three while 18 (72%) in the placebo arm responded. Three patients from the antibiotic group underwent colectomy. Three patients in the antibiotic arm received intravenous cyclosporine, whereas four patients in the placebo group received cyclosporine (p=0.725). There was no significant difference in change in CRP, Partial Mayo and fecal calprotectin between the two groups on day three.

Conclusions Combination of intravenous ceftriaxone and metronidazole in patients with ASUC neither improved the day 3 response nor reduced the need for second line therapy.

Background Antibiotics have a proven role in the induction of remission in Crohn disease and treatment of pouchitis. However, the role of antibiotics for disease activity and remission maintenance in ulcerative colitis (UC) is uncertain.

Methods We searched electronic databases (Pubmed, Embase and CENTRAL) for randomised trials using various search terms to identify studies reporting on the use of antibiotics for induction or maintenance of remission in ulcerative colitis. The outcomes assessed were a clinical response, need for second line therapy, colectomy and adverse effects. Subgroup analysis to clarify the mode of administration (oral or intravenous), number of antibiotics (single or combination) or the setting of use (acute severe UC or active non-severe UC) were also done.

Results Eventually, 13 trials including 785 patients were included. The pooled odds ratio of achieving clinical response with antibiotic use was 1.74 (95% CI, 1.17–2.58). No differences were noted in the relapse rates, need for second line therapy, colectomy or adverse effects with the use of antibiotics. Subgroup analysis showed no differences with use of single or combination of antibiotics. The use of oral antibiotics in the setting of non-severe active UC could have some benefit in clinical response. No benefit of intravenous antibiotics in setting of acute severe ulcerative colitis was noted. The included studies were heterogeneous because of different included populations, type and duration of antibiotics use and differences in definitions and time of assessment of clinical response.

Conclusions The results suggest a lack of benefit of intravenous antibiotics in the setting of acute severe UC. The use of oral antibiotics for induction of maintenance needs further evaluation.
Results

The mean follow-up period was 53.45±12.81 months. Of 614 eligible patients, 13.5% developed surgery-related complications, including stenosis, perforation, and severe gastrointestinal bleeding. We identified age (Odds ratio (OR) 0.914, P=0.004), disease duration (OR 2.675, P<0.001), perianal disease (OR 16.013, P<0.001), previous surgery (OR 3.652, P=0.003), and extraintestinal manifestations (OR 7.625, P=0.001) as significant independent factors associated with early-onset complications and developed a prognostic model ((figure 1A), A Prognostic model predicting complications leading to surgery within 1 year after diagnosis), whose predictive ability was appraised with AUC of 0.965, specificity of 96.71%, and sensitivity of 67.24%. This model was validated with good discrimination (AUC of 0.933), and excellent calibration was demonstrated using the Hosmer-Lemeshow goodness-of-fit test ((figure 1B), Hosmer-Lemeshow goodness-of-fit test demonstrating a good fit of this model). A nomogram was created to facilitate clinical bedside practice ((figure 1C) A nomogram predicting complications leading to surgery within 1 year after diagnosis in Crohn’s disease patients).

Conclusions

This validated prognostic model can effectively predict early-onset complications leading to surgery and screen aggressive CD, enabling physicians to customize therapeutic strategies and monitor the intensive disease.

Abstract IDDF2020-ABS-0148 Figure 1C

Abstract IDDF2020-ABS-0147 Figure 1C

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