RESULTS: After 12 weeks among patients of the 1-st group, healing of simple fistulas was noted in 10/12 patients (83.3%), in the 2-nd group — healing of simple fistulas was observed in 6/10 patients (60.0%) (RR=1.25, 95% CI 0.48-3.22, P=0.12). In the 3-rd group — in 6/10 (60.0%) (RR=1.17, 95% CI 0.53-2.55, P=0.31), and in the 4-th group — in 5/10 (50%) (RR=0.45, 95% CI 0.23-0.89, P=0.03 compared with the 1-st group). In the 4-th group, 13/14 patients (92.8%) (RR=0.63, 95% CI 0.38-1.04, P=0.1), compared with the 1-st group. In 104 weeks, among the patients in 1-st group, fistula closure was observed in 5/12 (41.6%), in the 2-nd group — in 5/10 (50%) (RR=1.17, 95% CI 0.53-2.55, P=0.96). In the 3-rd group, in 8/10 patients (80.0%) (RR=0.88, 95% CI 0.26-3.04, P=0.03 compared with the common scheme). In the fourth group, 13/14 patients (92.8%) (RR=0.65, 95% CI 0.32-0.98, P=0.10 compared in comparison with 1-st group (RR=0.54, 95% CI 0.26-1.00, P=0.05 in comparison with the 2-nd group).

CONCLUSION(S): Combination of osteocyte therapy and local mesenchymal stromal cell therapy contribute to the more frequent and prolonged closure of simple fistulas in patients with CD in comparison with other known therapy.

P-073

Combined Stem Cells and Anticytokine Therapy Contributes Decrease in the Degree of Inflammation of the Intestinal Mucosa in Crohn’s Disease

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BACKGROUND: One of the new promising methods of treating Crohn’s disease (CD) is biological therapy combined with the use of mesenchymal stromal cells (MSCs) of the bone marrow. In a number of cases simultaneously with MSCs, patients receive concomitant antiinflammatory therapy. Currently, a new strategy for the treatment of Crohn’s disease is deep remission of the disease. Objective: to compare the level of immunobiological and histological markers of inflammation - C-reactive protein (CRP), the index of Gebes (ICG) and fecal calprotectin (FCP) - in patients with CD receiving cell therapy of MSC, anticytokine therapy with infliximab (IXF) and combination therapy MSCs and marrow IXF. METHODS: Patients with CD were divided into four groups depending on the therapy. The first group of patients aged 19 to 58 years (Me=29) received anticytokine therapy with a culture of MSC 2 million/kg according to the scheme and local mesenchymal mesenchymal stromal cells (MSCs) of the bone marrow. In a number of cases simultaneously with MSCs, patients receive concomitant antiinflammatory therapy. Currently, a new strategy for the treatment of Crohn’s disease is deep remission of the disease. Objective: to compare the level of immunobiological and histological markers of inflammation - C-reactive protein (CRP), the index of Gebes (ICG) and fecal calprotectin (FCP) - in patients with CD receiving cell therapy of MSC, anticytokine therapy with infliximab (IXF) and combination therapy MSCs and marrow IXF. RESULTS: After 26 weeks from the start of the therapy in the first group of patients, the level of C-IP was 8.0±2.1 pg/ml, in the second group - 8.4±1.3 mg/l in the third - 7.9±0.9 mg/l (P=0.05). After 26 weeks from the start of the therapy the level of ICP in the first group was 88.8±53 pg/ml, in the second group - 90.6±6.8 pg/ml, in the third group - 88.8±3.3 pg/ml (P=0.05 compared with the 1-st and 2-nd groups). After 26 weeks from the start of the therapy the level of CRP in the first group was 0.6±0.1 mg/l, in the second group - 0.6±0.1 mg/l, in the third group - 0.5±0.06 mg/l (P=0.001 in comparison with the 1-st and 2-nd groups).

CONCLUSION(S): Combined mesenchymal stromal cell and anticytokine therapy contribute to a more pronounced decrease in the degree of inflammation from the intestinal mucosa in the disease.

P-076

Young Investigator

Young Investigator

Dynamics of Proinflammatory Cytokines in Patients With Crohn’s Disease Who Received Combined Therapy With Mesenchymal Stromal Cells and Azathioprine

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Combination of mesenchymal stromal cells (MSCs) and azathioprine (AZA) treatment in the patient's life. The QoL of chronic patients is significantly impaired, and it can lead to psychological and social changes, engendering anxiety, depression and other injuries, including sexual dysfunction. The aim of this study is to compare the QoL, the presence of anxious and depressive symptoms, the frequency of female sexual dysfunction and erectile dysfunction, and patient’s self-esteem in the following groups: Inflammatory Bowel Diseases (IBD), Functional Bowel Disorders (FBD), Colorectal Cancer (CC) and Control Group (CG).

METHODS: Cross-sectional study with specific questionnaires application, approved in the Research Ethics Committee (n.1.508.518). Ninety-nine patients with IBD (43 with Ulcerative Colitis and 56 with Crohn’s Disease), 35 with FBD (26 with the irritable bowel syndrome and 9 with food intolerance), 33 with CC and 150 healthy controls were interviewed. The SF-36 questionnaire was used to evaluate the Quality of Life, the Hospital Anxiety and Depression Scale (HADS) to assess the presence of anxiety and depression, the Rosenberg Self-esteem Scale to study the patients’ self-esteem, the International Index of Erectile Function to evaluate the erectile dysfunction and the Female Sexual Function Index to assess the sexual dysfunction. Statistical analysis and correlation assessment tests, p<0.05.

RESULTS: The mean age was 38.9±10.15 years in the IBD group, 46.7±7.5 (±18.75) in FBD patients, 62.88±11.46 years in the CC group and 36.26±12.19 in the CG. There was a predominance of women in both FBD (97.1%) and CC groups, p<0.0001. Men had a small predominance in the IBD (56.6%), in FBD (97.1%) and in control (67.33%) groups, p<0.0001. Men had a small predominance in the IBD (56.6%), in FBD (97.1%) and in control (67.33%) groups, p<0.0001. A majority of patients with IBD, FBD and CC had the disease for more than 10 years. The patients with IBD had a small predominance in the CC group (51.5%), p<0.0001. The quality of life was impaired in the FBD group, with a significant difference compared to IBD (p<0.001) and control groups (p<0.001). The prevalence of anxiety was higher in FBD patients (77.1%) compared to IBD (47.5%), CC (34.4%) and CG (38.7%), P<0.005 Depression prevalence was higher in FBD group (60%) compared to the others: CC (40.63%), IBD (14.29%) and CG (21.33%), p<0.0001. Patients had high self-esteem in the majority of cases: CC (96%), IBD (90.9%), CC (93.75%), except in FBD group (61.76%), P<0.001. There was a high prevalence of Erectile Dysfunction in the sample: FBD (100%), CC (50%), IBD (27.8%) and CG (54.2%) with no difference among groups (p>0.10). The Female Sexual Dysfunction was more prevalent in CC group (100%) compared to the others FBD (66.67%), IBD (46.4%) and CG (33.3%), P<0.001.