Frequency and Causes of Prolongation of the Induction Course of Tofacitinib in Patients with IBD

PO03

Frequency of Hereditary and Acquired Thromboembolic Complications in Patients With Inflammatory Bowel Diseases in Moscow

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BACKGROUND: Thromboembolic complications (TC), which are one of the characteristic manifestations of inflammatory bowel diseases (IBD).

OBJECTIVE: To identify the frequency of acquired and inherited hypercoagulation factors that contribute to the development of TC in patients with IBD.

METHODS: The clinical status of 1283 IBD patients undergoing treatment in 2019 was evaluated in the Department of IBD. 748 patients with ulcerative colitis (UC) and 490 patients with Crohn’s disease (CD). In 112 patients with UC at the onset of symptoms and diagnosis occurs in patients 18 years or less. East-West and North-South gradients have been reported in Canada and Europe. We aimed to evaluate whether a similar gradient exists in the US among the pediatric population.

RESULTS: A total of 2,409 patients 18 years of age or less met the eligibility criteria of the study; 1818 (75.3%) non-Hispanic White, 320 (13.3%) non-Hispanic Black, 198 (8.2%), Hispanic, 60 (2.5%) Asian, and 13 (0.5%) “other.” There was no difference in the male predominance in all groups between the North and the South (55.3% vs 54.3%, P = 0.62). The incidence of IBD among the non-Hispanic Whites was greater in North (78.5% vs 72.2%, P = 0.0002). The incidence of IBD among the Hispanics was greater in the South (5.3% vs 11.4%, P = 0.001). Further breakdown of CD and UC in the Hispanic population is greater in the South (5% vs 10.3%, P = 0.0001; 6.2% vs 14%, P = 0.001, respectively). There was no difference seen in non-Hispanic Whites, non-Hispanic Blacks, Asians, and “others” with respect to UC, CD or UDC.

CONCLUSION: We demonstrate a North-South gradient in the pediatric non-Hispanic and Hispanic population with IBD. There is a higher incidence of UC in the pediatric population in the South. Furthermore, there is a higher incidence of CD and UC in the Hispanic population in the South compared to the North. Further epidemiologic studies are needed to assess the racial/ethnic differences that contribute to this North-South gradient.

PO04

Combined Biological Therapy of Perianal Crohn’s Disease

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BACKGROUND: Perianal fistulas are common types of fistulas in Crohn’s disease (CD). Mesenchymal stromal cells (MSC), which have immunomodulatory properties and high regenerative potential, are currently also used for the treatment of fistula CD. Perianal fistulas are common types of fistulas in Crohn’s disease (CD). Mesenchymal stromal cells (MSC), which have immunomodulatory properties and high regenerative potential, are currently also used for the treatment of fistula CD. The purpose of this study was to compare the effectiveness of combined therapy (local and systemic) mesenchymal stromal cells (MSC) of bone marrow, in the effectiveness of combination therapy MSC (local administration) and infliximab (IFX), as therapy the IFX with immunomodulators on the healing of simple perianal fistulas in Crohn’s disease (CD).

METHODS: Seventy-five patients with CD with perianal lesions were divided into three groups depending on the method of therapy. The first group of CD patients aged 19 to 59 years (Me-29) (n = 25) was included in the study, the second group of CD patients aged 20 to 62 years (Me-30) received MSC systemically and locally, as well as anti-cytokine therapy with IFX and immunomodulators. The third group of patients with CD (n = 25) aged 20 to 62 years (Me-30) received MSC systemically and locally, as well as anti-cytokine therapy with IFX. The dynamics evaluated the complete closure of the external opening of the fistula and the time of the origin of the fistula. The comparative analysis was performed using four-field tables using non-parametric statistical criteria.

RESULTS: After 2 months in the first group of patients, healing of simple fistulas was observed in 15/25 (60%), in the second group-22/25 patients (88%) (HR 1.467; 95% CI - 1.032–2.084; x2 = 3.742; P = 0.02948). After 2 months in the second group, healing of simple fistulas was observed in 16/25 (64%) (HR 1.467; 95% CI = 1.37 – 2.084; x2 = 4.091; P = 0.0396). After 12 months in the first group, healing of simple fistulas was observed in 17/25 (68.0%), in the third group-24/25 (96.0%) patients (HR 1.37; 95% CI = 1.066–1.689; x2 = 7.739; P = 0.00124). After 12 months in the second group, healing of simple fistulas occurred in 18/25 (72%) (HR = 0.759; 95% CI = 0.580–0.970; x2 = 3.999; P = 0.04488).

CONCLUSION: Combined cellular and anti-cytokine therapy of CD with perianal lesions contributes to more frequent and prolonged closure of simple fistulas, compared with MSC monotherapy and IFX monotherapy.