

# North Carolina Society of Gastroenterology 2024 Annual Meeting



## IBD Panel Discussion

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Joint Providership



American Society for  
Gastrointestinal Endoscopy

# Case I

- 23 yo man with ileal Crohn's diagnosed at age 13
- Initially experienced nausea, vomiting, abdominal pain, and unintentional weight loss
  - Abdominal CT revealed 40cm of distal ileal inflammation consistent with CD
  - TI could not be intubated and there was an ulcer on the IC valve on colonoscopy
  - ESR, CRP, and fecal calprotectin were largely unremarkable
- Initiated steroids (Prednisone taper followed by Budesonide), oral Mesalamine, and Azathioprine
- No improvement after a year, so Infliximab 5mg/kg every 8 weeks was added
- After another year, Infliximab increased to 10mg/kg due to persistent ileal inflammation on imaging
- After dose escalation, his symptoms resolved, imaging studies improved, and inspection of the TI could finally be performed
- Around a year after that, he and his family ask about cutting back on medications...

# Case I cont'd

- His Budesonide was discontinued first, followed by Azathioprine about a year before he transitioned to adult GI care
  - Remained on Infliximab 10mg/kg every 8 weeks and Mesalamine at initial evaluation
- His Mesalamine was stopped and a few months later, Infliximab was decreased to 5mg/kg every 8 weeks
- He did well for the next 2 years with no symptoms or flares other than a hospitalization for bleeding from a Meckel's diverticulum which resulted in a segmental resection in the distal ileum (no signs of active Crohn's intraoperatively or on pathology)
- He and his family again ask about stopping treatment...

## Case 2

- 34 yo woman diagnosed with left-sided UC at age 28
- Initially had bloody diarrhea and colonoscopy revealed mild to moderate left sided UC
- She started oral and rectal mesalamine with essentially no improvement after several months, prompting the initiation of Vedolizumab
- She had significant improvement in the diarrhea and resolution of the bleeding, however, she later developed severe bilateral hip and knee pain

## Case 2 cont'd

- TDM revealed a low Vedolizumab level with no antibodies
- Because she had persistent symptoms, mildly elevated inflammatory markers, and an extraintestinal manifestation, we discussed options
  
- She preferred to switch to a new class
  - Started Adalimumab 40mg subcutaneous every 2 weeks after standard induction
- Her diarrhea completely resolved, and her inflammatory markers normalized, however, she only experienced a slight improvement in her arthralgias

# Case 3

- 19 yo man with ileocolonic Crohn's diagnosed at age 15
- He had abdominal pain, non-bloody diarrhea, nausea, and weight loss for 6 months before a colonoscopy revealed patchy erythema and ulcerations in several locations throughout the colon as well as in the terminal ileum
- He was started on Infliximab 5mg/kg and improved clinically until he developed possible vasculitis in the setting of drug-induced lupus less than a year into treatment
- He was switched to Ustekinumab and his lupus-like symptoms resolved, but he continued to have some elevated inflammatory markers with some persistence of diarrhea and abdominal pain
- After almost a year, he was found to have IgA nephropathy and pediatric nephrology added Azathioprine to his treatment
- Renal function improved, but he was admitted for a flare, and inpatient colonoscopy revealed severe sigmoid inflammation and moderate inflammation in the TI despite compliance with his regimen

## Case 3 cont'd

- He was switched to Adalimumab and continued Azathioprine at nephrology's request
- He continues to have periodic flares every few months, has persistent symptoms, and elevated inflammatory markers.