

North Carolina Society of Gastroenterology 2026 Annual Meeting



IBD Panel Discussion

Moderator:

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Joint Providership



American Society for
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Case I

WM was diagnosed with UC in 1984 at age 20

- Occasional mesalamine until 2012 then continuous mesalamine
- Surveillance colonoscopy every 2 years with evidence of UC, but no dysplasia

- In 2015, 2/7 biopsies from left colon revealed flat, low-grade dysplasia
- Repeat colonoscopy a few months later revealed patchy erythema and granularity, no lesions
 - Unremarkable biopsies in the ascending, transverse, proximal and mid-descending colon
 - 1/10 biopsies in the distal descending colon – indefinite for dysplasia
 - 1/7 biopsies in the rectosigmoid colon – low grade dysplasia

Case I – Con't

- Offered colectomy for flat multifocal low-grade dysplasia
- Declined colectomy and was offered surveillance with dye chromoendoscopy
 - Methylene blue highlighted sigmoid colon dysplasia with indistinct borders

- Multiple therapeutic endoscopists evaluated the lesion (unresectable)
- Again declined colectomy opting for annual surveillance colonoscopy
- Remained clinically well on mesalamine
- Biopsies of lesion continued to show low grade dysplasia until 2024
 - focus of high-grade dysplasia

Case I – Con't

- Offered total abdominal colectomy with J-pouch
 - Inquired about a left sided colectomy to resect the lesion
- 2025 - laparoscopic left and sigmoid colectomy
 - Surgical pathology: mild active chronic colitis with extensive low grade adenomatous dysplasia with tubular and villous architecture, but no high-grade dysplasia or invasive carcinoma
- Post-operatively, clinically well planning annual colonoscopy with chromoendoscopy

Case 2

AS is a 38 yo F with a PMH of C. diff, PE/DVT, and recurrent spontaneous abortions who was diagnosed with Ulcerative pancolitis in 2016

- Positive PPD at time of diagnosis treated with INH x 9 months
- Started Mesalamine without improvement
- Worsened symptoms prompted Infliximab
 - Rash around the 3rd infusion,
- Switched to Adalimumab → clinical remission for ~ 1 year
 - Symptoms returned
 - Low level and high titer anti-Adalimumab antibodies
- Vedolizumab started resulting in clinical and deep remission

- Continued remission for 6 years before symptoms returned
- Colonoscopy revealed Mayo 3 disease activity from the rectum to the mid-transverse

Case 2 – Con't

- Discussed alternatives and started Risankizumab
- 1 week after initial infusion, hospitalized for worsened symptoms

- Flex sig → severe inflammation with ulceration, CMV negative
- Stool pathogen panel and C. diff negative
- Initiated IV steroids
- No improvement by day 5
 - Discussed colectomy, rescue therapy with Upadacitinib, or rescue therapy with Infliximab

- Started Upadacitinib
- Symptoms improved and was discharged 4 days later

Case 3

BE is a 59 yo M with HTN who was diagnosed with small bowel and colonic Crohn's disease in 1989 at age 23

- Treated with steroids and Mesalamine x 1 year
- Developed colovesicular fistula requiring surgical resection in 1990
- Started 6-MP postoperatively
- Infliximab initiated 2004 due to symptoms and achieved remission
- Extensive SB resection after auto accident in 2005 and cholecystectomy in 2006
- Lost response to Infliximab and started Adalimumab in 2012
- In 2017, SBO resulted in additional SB resection
- Post-operative mesenteric ischemia required additional SB resection and multiple abscesses required JP drains
- Developed duodeno-cutaneous fistula at one of the JP sites
- 2018 -> fistula takedown, ileostomy takedown, and GJ tube

Case 3 – Con't

- GJ tube eventually removed, but had persistent gastro-cutaneous fistula
- Preferred avoiding surgery, so attempted endoscopic closure with an over-the-scope clip
- Placed clip in late 2018 with reduction in fistula drainage
- Second attempt at endoscopic closure with over-the-scope clip resulted in complete resolution of drainage and eventual closure of the cutaneous wound