

Symposium

218



Current Challenges of Inflammatory Bowel Disease

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Abstracts

Poster Abstracts

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Abstracts of Invited Lectures
Poster Abstracts

Symposium 218

**CURRENT CHALLENGES OF
INFLAMMATORY BOWEL DISEASE**



Mexico City, Mexico
March 6 – 7, 2020

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The results of complex treatment of patients with inflammatory bowel diseases using 5-aminosalicylic acid (5-ASA) drugs, corticosteroids, immunosuppressants and biological therapy

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Volodymyr Gaponov (Dnipro, UA), **Sergij Malinovskyj** (Dnipro, UA),
Igor Yuschenko (Dnipro, UA), **Olena Sulima** (Dnipro, UA)

Introduction: In the absence of a positive response during treatment with 5-ASA drugs and hormones, reserve drugs - immunosuppressant's are prescribed, which in some cases does not solve the problem of treating refractory forms of Ulcerative colitis (UC) and Crohn`s disease (CD). In addition, the use of immunosuppressant's in certain least limited to a wide range of side effects characteristic of cytostatic. The development of refractoriness to treatment is observed on average in 35–40% of patients and leads to severe complications, surgical interventions and disability of young people working age. Currently, in the complex treatment of this category of patients using "biological" drugs. The biological method is based on concept of the leading role of pro-inflammatory cytokines in the pathogenesis of intestinal inflammation and the possible blockade of their biological effects by anti-inflammatory cytokines. Quite effective and safe with refractory clinical inflammatory bowel disease, is infliximab.

Methods: We study used infliximab for treatment of patients with inflammatory bowel diseases in complex therapy with 5-ASA drugs, corticosteroids and immunosuppressants: 15 patients with UC and 5 patients with CD.

In group patients with UC application for treatment mesalazine (Salofalk®) with steroidal drugs, immunosuppressant's and initial dose of infliximab (Remicade®).

In group patients with CD application for treatment budesonide (Budenofalk®) with immunosuppressant's and initial dose of infliximab (Remicade®).

Results: In all patients prolonged remission, clinical improvement, endoscopic, histological and laboratory indicators. In 2 patients (1 patients with UC and 1 patients with CD), a positive dynamics of the state was noted, but a recurrent course remained diseases due to lack of opportunity receiving a full course of treatment.

Discussion/Conclusion: The experience of our use of infliximab (Remicade®) in combination with 5-ASA, corticosteroids and immunosuppressant testifies to its effectiveness in refractory forms of inflammatory bowel diseases with development persistent remission in patients with UC and CD.