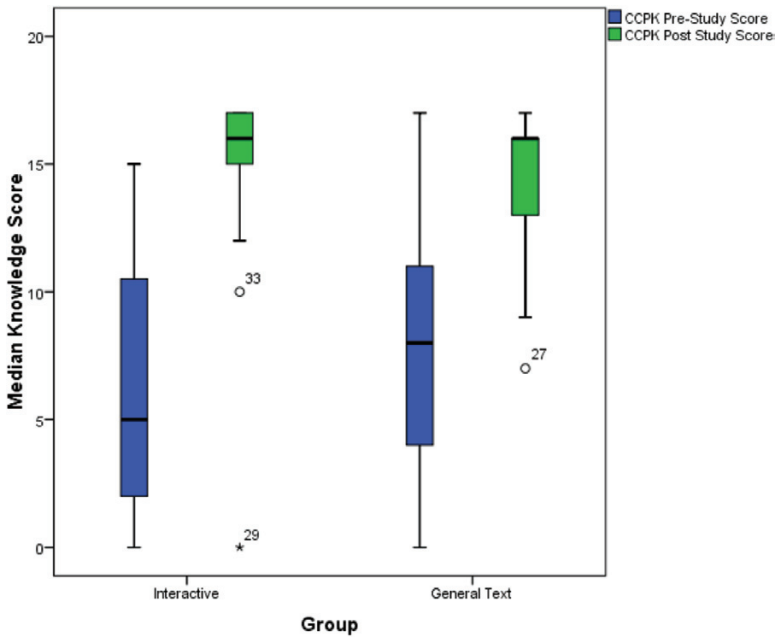

Figure 2. Changes in CCPKnow scores for interactive and basic text groups.

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Ulcerative colitis: let's talk about extent

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Background: Ulcerative colitis (UC) is a chronic inflammatory disease in which clinical course varies substantially between patients. The extent of the disease is usually pointed out as one of the factors responsible for this variation. With this study, we pretended to evaluate the differences in natural history and pharmacological therapy prescription between left-sided and extended UC.
Methods: Retrospective cohort study including patients diagnosed with UC within our department since 2000 and with at least 1-year of follow-up.
Results: In total, 108 patients were included, 54.6% males, with a mean age at diagnosis of 37.7 ± 16 years. At diagnosis, 63 patients (58.3%) presented with left-sided UC, and 45 patients (41.7%) with extensive UC. In 4 patients (3.7%), there was progression from left-sided to extensive UC. Regarding the natural history of the disease, there were no statistical differences in the total number of crisis, severe crisis, or corticosteroid cycles between the 2 types of UC. However, the total number of crisis was slightly superior in patients with left-sided colitis. Regarding immunomodulators, there was a significantly greater prescription in patients with extensive UC (40% vs 22%; $p < 0.05$). There was no statistical difference in time, number of crisis or corticosteroid cycles until the prescription of immunomodulators, although all of these were also superior in left-sided UC. As for biologics, they were equally administered in both groups (10.1% vs 13.3%), but the time until prescription was significantly lower in extensive UC patients (6.25 vs 1.93 years; $p < 0.05$).
Conclusions: In this study, we did not find significant differences between the clinical course of left-sided and extensive UC. However, a more conservative therapeutic attitude seems to exist in left-sided ulcerative colitis, which may explain the tendency for the higher number of crisis observed.

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Ulcerative colitis and end-stage liver disease in children with primary sclerosing cholangitis

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Background: Primary sclerosing cholangitis (PSC) is a progressive, cholestatic disorder characterised by chronic inflammation, biliary strictures, and frequent co-morbidity with ulcerative colitis (UC). Patients are at an increased risk of malignancy arising from the colon, bile ducts, and liver. The aim of the study was to analyse the influence of end-stage liver disease (ESLD) and liver transplantation (LTx) on the course of UC in children.
Methods: We retrospectively reviewed children diagnosed with UC and PSC treated in our institution between 2000 and 2015 who developed ESDL. UC diagnosis was based on clinical presentation, endoscopy, and histopathology. PSC was confirmed by endoscopic retrograde cholangiopancreatography, magnetic resonance cholangiopancreatography, and liver biopsy.
Results: Out of 12 patients with PSC and UC who developed ESLD, 10 underwent LTx at the median age of 16.2 years (11.5–17.5), and 2 are currently on the waiting list. In 11 patients, UC was diagnosed before ESLD at the median age of 11 years (4–17), and one patient developed UC 6 months after transplantation. Further, 10 patients (83%) presented with pancolitis, and 2 with proctosigmoiditis. Severe, moderate, and mild endoscopic changes were present in 7 (58%), 3 (25%), and 2 (16%) patients, respectively. Initial treatment consisted of mesalazyne or sulfasalazine in combination with steroids and azathioprine (AZA) with clinical remission in 75%. Three non-responding patients required cyclosporine with good outcome. None of the patients received anti-TNF treatment. At the moment of LTx or listing (at median 5 years [range 1–12] after onset of UC) clinical activity according to PUCAI was remission in 8, moderate in 1, and mild