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A positive clinical experience of a long-term treatment pattern with leukocyte apheresis and Adacolumn® in ulcerative proctitis

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Dear Editor,

Leukocyte apheresis (LCA) is a technique of blood purification using filters such as Adacolumn®, which eliminate the pro-inflammatory molecules that have to be taken into account in refractory cases. We present herein the case of a patient with ulcerative proctitis (UP) who was prescribed a long cycle of induction and maintenance with LCA after a lack of response and/or intolerance to other treatments.

Case report

A 65-year-old male with a medical history of ischemic cardiopathology presented bloody diarrhea and rectal tenesmus and was diagnosed with UP by colonoscopy. He was treated with mesalazine and corticosteroids, orally and topically, without any clinical response due to refractoriness. He was subsequently prescribed infliximab, which was suspended due to the secondary effects (chest pain). This was substituted by adalimumab that triggered an allergic reaction in the form of hives. LCA was finally performed.

In other similar cases, an initial induction phase was proposed due to the short span of the response with a limited number of sessions (5-6). This consisted of ten sessions
(one per week), followed by a maintenance stage (once a month), together with a 10 mg dose of prednisone. The remission of mucosal injuries (Fig. 1) was achieved, the clinical symptoms disappeared and the biological reactants normalized, which has been maintained for seven years.

Discussion
Apheresis is mentioned in the clinical guide of the treatment of ulcerative colitis (UC) when there is a contraindication, toxicity and/or inefficacy of the common therapy (1). The proposed treatment is 1-2 sessions per week during five to ten weeks (2). Current studies highlight the need to begin directly with a higher number of sessions (10-11) during the induction phase, plus a maintenance phase (1-2 sessions per month) for at least one year and then reassessment (3-5). In our case, we decided to opt for the guideline established by these recent studies and achieved quite good results. More data should be collected in order to clarify the efficacy of apheresis and reestablish patterns. However, we believe that long-term treatment must be considered in order to achieve an improvement and clinical remission.

References

Fig. 1. Colonoscopy. Colon with a tubular aspect but normal mucosa.