

Title:

Experience with ustekinumab in reservoir Crohn's disease

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Dear Editor:

Reservoir Crohn's disease affects up to 15% of patients with inflammatory bowel disease treated with proctocolectomy and subsequent ileoanal reservoir. Some diagnostic criteria are (1): reservoiritis refractory to antibiotic treatment, histologically confirmed chronic inflammation, fistulas or perianal disease and presence of stenosis of the anastomosis of inflammatory type. It is treated with antibiotics, immunomodulators, biological agents and surgery.

Based on recent publications (2 and 3), we have analyzed our experience in the treatment of reservoir Crohn's disease, focusing on those who received ustekinumab.

All patients were symptomatic at the time of treatment initiation. Response was assessed by clinical criteria. Drug durability was analyzed when treatment was effective.

We identified a total of 5 patients, all with proctocolectomy and ileoanal reconstruction after diagnosis of ulcerative colitis. The median age at the time of the study was 28 years. The median age at the time of the reservoir was 20 years. The median time of clinical onset after transit reconstruction was 4 years. Three received pretreatment with 1 anti-TNF. One received pretreatment with 2 anti-TNF. One received pretreatment with 3 anti-TNFs. Clinical remission at 16 weeks occurred in 4 patients. One patient presented treatment failure, indicating reservorectomy and terminal ileostomy. The median drug durability in those patients in whom the drug was effective was 23 months up to the time of the study.

In our experience, ustekinumab represents an effective option in reservoir Crohn's disease, even in patients refractory to previous treatments. The discordance of the

results with respect to other studies (4 and 5) could be related to the small sample available. New studies are needed to assess whether ustekinumab could be an option in first-line treatment of reservoir Crohn's disease.

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