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Advances in inflammatory bowel disease

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The genetics of isolated colonic Crohn's disease place it approximately midway between Crohn's disease with small intestinal involvement and UC, making a case for considering it as a separate condition. We have therefore systematically reviewed its epidemiology, pathophysiology and treatment. Key findings include a higher incidence in females (65%) and older average age at presentation than Crohn's disease at other sites, a mucosa-associated microbiota between that found in ileal Crohn's disease and UC, no response to mesalazine, but possibly better response to anti-tumor necrosis factor than Crohn's disease at other sites. Diagnostic distinction from UC is often difficult and also needs to exclude other conditions including ischemic colitis, segmental colitis associated with diverticular disease and tuberculosis. Future studies, particularly clinical trials, but also historical cohorts, should assess isolated colonic Crohn's disease separately. The therapeutic armamentarium in IBD is expanding rapidly with the recent approval of new biological agents such as ustekinumab in Crohn's disease and the imminent approval of the JAK inhibitor tofacitinib. In addition, several new therapeutic approaches such as intensive fecal microbiota transplantation in UC and new pipeline molecular therapeutics are on the horizon. This talk will provide a comprehensive overview of new developments in the field of IBD.

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