Pouches – Who, when and how to treat pouchitis

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Pouch - IPAA
- 3rd IBD
- Iatrogenic
- More common in UC than FAP
- J, S, W

Effect of IPAA surgery
- Ileal function changes from absorption to storage
- Bacterial overgrowth
  - Anaerobic overgrowth = colon like changes

Pouchitis
- Symptoms
- Endoscopic appearances
- Histology
- Differential diagnosis
- Classification and scoring
- Potential treatments

Acknowledgements
Cochrane Collaboration 2009
Holubar, Cima, Sandborn, Pardi.
Mayo Clinic
Symptoms and differential

- Symptoms:
  - Crampy abdo pain
  - General malaise
  - Bloody diarrhoea
  - Extra intestinal manifestations

- Causes to look for:
  - Ischaemia
  - CMV
  - Radiation
  - Collagen deposits
  - Crohn’s disease
  - Idiopathic pouchitis

Endoscopic appearances

- Inflammatory changes
  - Mucosal oedema
  - Granularity
  - Contact bleeding
  - Loss of vascular pattern
  - Haemorrhage
  - Ulceration

Histology

- Acute inflammation
  - Neutrophil infiltration
  - Mucosal ulceration

- Chronic inflammation
  - Villous atrophy
  - Crypt hyperplasia
  - Chronic inflammatory cell infiltrate

Who gets pouchitis?

- Ogawa et al Dis colon & rectum 2012
  - 284 pt IPAA retrospective
  - 64 got pouchitis
  - 45 antibiotic responsive
  - 17 antibiotic dependent
  - 2 antibiotic resistant

Why pouchitis?

- Up to 60% of IPAA for UC

11 RCTs from 297 abstracts

- Treatment of acute pouchitis
- Treatment or maintenance of remission for chronic pouchitis
- Prevention of pouchitis
Treatment of acute pouchitis

- 4 studies, 5 agents
  - Shen et al 2001 (n=16)
  - Oral Cipro vs metronidazole
  - Cipro is better 100% vs 67%

Negative studies in acute pouchitis

- Sambulli 2002 (n=27)
  - Budesonide enemas vs metronidazole orally
  - 58% vs 50% No difference

- Isaacs 2007 (n=18)
  - Rifamixin vs placebo
  - 2/8 vs 0/9 No difference

- Kuisma 2003 (n=20)
  - Lactobacillus vs placebo
  - 1/10 vs 0/10

Chronic Pouchitis

- 4 studies, 4 agents
  - Weichmeyer 1993 (n=19)
    - Glutamine vs butyrate suppositories
    - Relapse rates 4/10 vs 6/9
    - Remission rate 6/10 vs 3/9 **
  - Tremaine 1997 (n=40)
    - Bismuth foam vs placebo
    - Response 45% vs 45%

Oral probiotic bacteria in chronic pouchitis

- Gionchetti 2000 VSL# vs placebo (n=40)
  - Remission (PDAI=0) following oral antibiotics
  - Relapse rate 3/20 vs 20/20

- Mimura 2004 (n=36)
  - Remission at 12 months 17/20 vs 1/16

Prevention of pouchitis

- Gionchetti 2003 (n=40) VSL#3 vs placebo
  - Randomised within 1 week of ileostomy closure
  - Pouchitis 2/20 vs 8/20 **

- Pronio 2008 (n=31)
  - Pouchitis 0/16 vs 1/12 ns

Prevention continued

- Joelsson 2001
  - Allopurinol vs placebo
  - 1 week after IPAA surgery
  - 184 pt for 24/12 36% completed the study
  - Pouchitis 31% vs 28%
Conclusions from trials

- Acute pouchitis:
  - Ciprofloxacin better than metronidazole
  - Oral metronidazole = budesonide enema
  - Lactobacillus = rifamixin = placebo
- Chronic pouchitis
  - VSL#3 better than placebo
  - Glutamine = butyrate = bismuth = placebo
- Prevention
  - VSL#3 may help; allopurinol = placebo

Other treatments?

- Steroids
- Azathioprine
- MTX
- Infliximab / adalimumab

- More and better clinical trials needed
- Remember alternative diagnoses
- Remember the surgical option

Other considerations

- Reduced fertility after pouch surgery
  - Consider ileostomy before family
  - Delay FAP pouch surgery until after family

The pregnant pouch?

- Pouch function and complications during pregnancy
  - Seligman 2010
  - 283 pregnancies
  - Complications
    - SBO ante partum 2.8%
    - Post partum 6.7%
    - Pouchitis 1.8%
    - Perianal abscess 0.4%
  - “vaginal delivery is as safe as CS for most women”

How good is the post pregnant pouch?

- Frequency of pouch movements
  - Average 5-6 per day + 1 nocte
- Any incontinence
  - Day
    - Before vs after preg 21 vs 36%
  - Night
    - 41 vs 63%

  More problems with complicated vaginal deliveries

Summary

- UC > FAP
- Iatrogenic IBD
- Check for other causes
- Treat with ciprofloxacin
- Don’t let it take away quality of life