INTRODUCTION: In patients (pts) with severe, steroid resistant UC, a second line therapy with either cyclosporine (CYS) or infliximab (IFX) is considered as appropriate before colectomy (1). In pts who fail, a third line therapy with IFX or CYS (or vice versa) is generally not recommended because serious adverse events (including one death) have been reported in a series of 19 pts (2). We here report our experience of patients with severe UC successfully treated with IFX and CYS.

AIMS & METHODS: Cases of severe UC or indeterminate colitis (IC) treated successively with CYS and IFX (or vice versa) were collected and retrospectively analysed. Inclusion criteria included a delay between CYS (when used first) and IFX of less than 1 month, and a delay between IFX and CYS of less than 2 months. A follow-up of 3 months was necessary. Time-to-colectomy and occurrence of serious adverse events were analyzed.

RESULTS: Eighty six pts (median age 34 yr; 49 males; 71 UC and 15 IC) were treated with CYS+IFX in 16 of the 36 GETAID centres between 2000 and 2008 (1-24 pts/centre); 28 of them (33%) refused colectomy after failure of CYS or IFX. CYS was given first in 65 pts (76%) and IFX was then introduced after a median time following CYS withdrawal of 2 days (0-31); IFX was given first in 21 pts (24%) with a median time between the last IFX infusion and CYS of 17 days (0-58). Corticosteroids and immunosuppressants (azathioprine or methotrexate) were given in combination in 74 (86%) and 63 pts (73%), respectively. Thirty three pts came to colectomy within 3 months. Probability of colectomy was 61% at 3 mo, 41% at 1 yr and 37% at 3 yr (Kaplan Meier). One death occurred in a 45-yr old man who first failed CYS and was operated 1 mo after the second IFX infusion; he died the day after surgery from pulmonary embolism. Rate of adverse events was 27% (32 events, 23 pts). Sixteen infections occurred in 14 pts (16%) including 4 sepsis on central line, 3 abscesses including 2 liver abscess, 3 CMV colonic infections, 2 pneumonias, 2 Clostridium difficile infection, 1 oesophageal candidiasis, and 1 viral pericarditis. Five of the 16 infections occurred in the post-operative period.

CONCLUSION: In pts with severe UC who failed CYS or IFX, the alternative treatment avoided short term colectomy in 2/3 of patients. Mortality, morbidity and infection rate appeared similar to those previously reported with IFX or CYS alone.