

Su1230 Bronchopulmonary Manifestations in Inflammatory Bowel Diseases: A Retrospective Study From the GETAID

Sandrine Barge, Severine Feuillet, Jean-Marc Gornet, Jacques Cosnes, Jean-Frederic Colombel, Benoit Wallaert, David Laharie, Yoram Bouhnik, Arnaud Bourreille, Guillaume Savoye, Matthieu Allez, Abdellatif Tazi, Marc Lémann

INTRODUCTION: Extraintestinal manifestations occur in up to 40% of inflammatory bowel disease (IBD) patients. Although rare, bronchopulmonary manifestations related to IBD are more frequently than previously recognized.

AIMS: To describe IBD related bronchopulmonary manifestations and assess their response to therapies. **Materials and methods:** We conducted a retrospective study of patients with bronchopulmonary manifestations associated with IBD in the GETAID centres. Inclusion criteria were diagnosis of IBD, occurrence of bronchopulmonary manifestations explored at least by a high resolution thoracic CT (HRCT). Drug-related and infectious/respiratory manifestations were excluded. All data were reviewed and classified by a panel of IBD and pneumologist experts. Clinical data included age, sex, smoking status, disease duration, IBD phenotype according to Montreal classification, concomitant medication and disease activity at the time of diagnosis of bronchopulmonary manifestations. Clinical and morphological description (HRCT), bronchoscopy, bronchoalveolar lavage, histology, and outcome were reviewed.

RESULTS: Eighty patients (F 53%, median age 33.5 yrs, UC 47.5%, active smoking 9%) were included. Pulmonary disease was revealed by cough or dyspnoea (90%), frequently after the onset of IBD (85%; median delay after diagnosis was 6 years). At the time of diagnosis of lung disorder, bowel disease was inactive in 41 cases (51%) and lightly to moderately active in 28 cases (35%). Airway disease was present in 53% cases (bronchiectasis: n=25, chronic bronchitis: n=8 and tracheal involvement: n=5) and parenchymal disease in 45% cases (diffuse interstitial lung disease (ILD): n=20, granulomatous lung disease: n=16). Airway disease occurred mainly in UC (n=23/33; 70%) and followed colectomy in 15 cases with a median delay of 4 years (5 months-23 years). Fifty five patients (69%) had steroids with different modalities (inhaled, oral or intravenous). In 89% of cases, improvement or stabilisation were observed (median follow-up of 4 years). Efficacy of immunosuppressants (n=10) was inconsistent and difficult to assess. In granulomatous lung diseases, outcome was constantly favourable, mainly under steroids (n=10). Airway diseases were complicated by infectious diseases in approximately 50% of cases. The prognosis of ILD depended on the parenchymal disease type. Four deaths were reported, 3 of which were secondary to respiratory failure (tracheal involvement: n=1, ILD: n=2).

CONCLUSIONS: Bronchopulmonary manifestations associated with IBD can be classified in three different types: airway disease, interstitial lung disease and granulomatous disease. Prognosis appears severe in cases of tracheal involvement or interstitial lung disease.