

## **W1222 Cyclosporine a Treatment of Severe Steroid-Refractory Ulcerative Colitis During Pregnancy**

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**INTRODUCTION:** Intravenous cyclosporine (CsA) is effective in 60% to 80% of patients with ulcerative colitis (UC) who failed to respond to intravenous corticosteroids. Few data are available regarding its use in pregnant women in this setting. We here report our experience from the GETAID.

**METHODS:** Between January 2001 and November 2007, i.v. CsA (initial median dose, 2 mg/kg/day; range 2 to 4 mg/kg) was prescribed in 8 pregnant women (median age 30.5 yrs) for a UC attack that did not respond to intravenous methylprednisolone. At the time of UC attack, median age of pregnancy was 13.5 weeks of amenorrhoea (6-27). Two out of eight (25%) patients received prophylaxis against *Pneumocystis carinii*.

**RESULTS:** Response was obtained in 7 of 8 attacks (87.5 %) after 7 days of i.v. CsA. One patient failed and was treated with infliximab. No severe infection or other serious adverse event was observed and no colectomy was performed during pregnancy. Six pregnancies were conducted to term, one is running, one death occurred in utero in a woman with a protein S deficiency. Two newborns were premature, including one hypotrophy. No malformative syndrome was observed. One responder relapsed and underwent colectomy 17 days after delivery.

**CONCLUSION:** In our experience, CsA was an effective and relatively safe therapeutic option for the treatment of severe attacks of UC during pregnancy taking into account the potential risk of abdominal surgery in this setting.