Tu1242 Clinical Course of Concurrence of Inflammatory Bowel Disease and Multiple Sclerosis: Results of a National Multicentre Study

Benoit Vigneron, Julia Salleron, Corinne Gower-Rousseau, Philippe Seksik, Yoram Bouhnik, Antoine Cortot, Francis Vasseur, Matthieu Allez, Marc Lémann, Jacques Cosnes, Jean-Frederic Colombel and the GETAID

Prior studies suggest a 3-fold increase risk for multiple sclerosis (MS) in inflammatory bowel disease (IBD) patients but few data are available regarding clinical phenotype of both diseases in case of association. The aim of this study was to describe concurrent IBD and MS at diagnosis and at maximal follow-up.
PATIENTS AND METHODS: Concurrent cases of IBD and MS were retrospectively identified through a French multicentric study (GETAID). IBD phenotype was assessed according to Vienna criteria and MS disability using Kurtzke Expanded Disability Status Scale (EDSS). IBD characteristics and phenotypes at diagnosis and at maximal follow-up were compared to controls (1:4) issued from an hospital IBD French cohort (MICISTA) (1) matched for gender, age (± 2 yrs), age at IBD diagnosis (± 2 yrs), and IBD type (Crohn's disease (CD) or ulcerative colitis (UC)). Follow-up endpoints included cumulative incidence of intestinal resection, extension of IBD location and evolution of CD behaviour. All adjusted for immunomodulator or anti TNFα treatment. EDSS of MS in concurrent cases was compared at maximal follow-up to data of Literature (2). Quantitative variables were expressed by median and interquartile range [Q1-Q3] and qualitative variables by frequency. Cumulative incidence of intestinal resection was calculated using the KaplanMeier estimator and compared using the log-rank test.
RESULTS: Fifty cases with concurrent IBD and MS were identified including 34 CD and 16 UC. Sex-ratio (F/M) was 2.1 (34/16). Median follow-up durations of CD and UC cases were 11.4 yrs [4.8-21.3] and 10.3 [6.1-12.5], respectively. The neurological symptoms began in 60% of cases 6.8 yrs [4.1-12.4] before the gastrointestinal disease. Comparison between concurrent and isolated CD cases found a longer median time between onset of symptoms and diagnosis ($p<0.001$) and a less severe clinical course (frequency of B3: 26.5% vs 56.9%; $p=0.009$). When the MS was diagnosed before CD, the cumulative incidence of intestinal resection at 3 yrs was more elevated in controls (53.6% vs 8.8%; $p=0.008$). We did not find any difference in UC clinical course between concurrent cases and controls. That MS was associated with a CD as a UC, it evolved in a less disabling manner: EDSS 1.5 vs 4 at 8 yrs follow-up ($p=0.02$) and 4.2 vs 6.0 at 10 yrs follow-up ($p=0.04$), respectively.
CONCLUSION: This study of concurrent cases of IBD and MS suggested that CD and MS phenotypes were less disabling at maximal follow-up. The mechanisms behind this are unknown and could be approached in experimental models.
REFERENCES: (1) Seksik P et al. Inflamm Bowel Dis. 2009 May;15(5):734-41; (2) Confavreux et al. NEJM 2000 ;343 :1430-8.