

NODULAR REGENERATIVE HYPERPLASIA WITH PORTAL HYPERTENSION IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE TREATED WITH AZATHIOPRINE.

Aims: This retrospective study was performed to assess the characteristics, clinical course and potential risk factors of NRH in IBD patients treated with AZA.

Results: Thirty-six cases of NRH (29M, 7F) were identified between 1994 and 2005 in 11 centers. Thirty-one patients had Crohn's disease (CD) and 5 had ulcerative colitis. Twenty-one CD patients had one (n=7) or multiple (n=14) surgical resections. The median time between the start of AZA and diagnosis of NRH was 48.5 mos (6-187). The median dose of AZA was 2 mg/kg/d (1.5-3). Prothrombotic disorders were present in 10/15 explored patients, and included hyperhomocysteinemia in 6 and protein C or S deficiency in 5. Portal hypertension was present in all but 5 patients. AZA was stopped in 35/36 patients. After a median follow-up of 15 mos (1-138), 14 patients developed complications of portal hypertension with variceal hemorrhage in 9. This required insertion of a transjugular intrahepatic porto-systemic shunt in 2 patients and a liver transplantation in one. The five patients with no evidence of PHTN at diagnosis had no clinical complications after a median follow-up of 25 mos (15-45).

Conclusion: NRH can be seen in patients treated with AZA for IBD and can cause severe portal hypertension. Male gender, small bowel resection and/or involvement, and prothrombotic conditions seem to be risk factors. Clinicians should be aware of this serious complication and closely monitor liver function tests and platelet counts in their patients.