

Original Article

EFFICACY OF INFLIXIMAB IN INFLAMMATORY BOWEL DISEASES - A SHORT SERIES OF CLINICAL CASES

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Abstract

Background: Crohn's disease and ulcerative colitis are chronic inflammatory conditions of unknown etiology that affect the gastrointestinal tract, each of them with certain particularities. Several therapeutical approaches have been attempted along the time, and they culminate with biological agents, with infliximab being the most used and studied.

The aim of the study is to identify the clinical, biological and endoscopic response after anti -TNF alpha induction treatment in a short series of patients with inflammatory bowel diseases.

Material and method. Four patients with well documented IBD, two with Crohn's disease and the other two with ulcerative colitis, were included for biological therapy with infliximab, based on their lack of response to conventional therapy. We analysed the outcome of every case after induction treatment consisting of three applications of infliximab in standard regimen, 5 mg per kilogram of body weight intravenously on weeks 0, 2, and 6.

Results. Our data confirm the results from literature, that TNF-alpha blockage with infliximab is a reliable therapy for both Crohn's disease and ulcerative colitis, providing control of disease activity and the likelihood of obtaining a long term response in maintenance therapy..

Keywords: infliximab - Crohn's disease - ulcerative colitis

Rezumat

Introducere. Boala Crohn și colita ulcerativă sunt entități inflamatorii cronice cu etiologie necunoscută, care afectează tractul gastrointestinal, au anumite particularități. De-a lungul timpului, au fost utilizate metode terapeutice cu agenți biologici în tratamentul acestor afecțiuni, dintre care Infliximab-ul utilizat în acest studiu.

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Scopul acestui studiu este de a identifica răspunsul clinic, biologic și endoscopic, după tratamentul cu agenți anti-TNF alpha, pe o serie clinică de pacienți cu boși inflamatorii de intestin.

Material și metodă. 4 pacienți diagnosticați cu IBD: 2 cu boală Crohn și alți 2 cu colită ulcerativă, au fost supuși terapiei biologice cu Infliximab, comparativ cu răspunsul lor la terapia convențională. Se analizează răspunsul la fiecare caz după trei aplicații de Infliximab în regim standard de 5 mg pe kg.corp, administrat intravenos.

Rezultate. În studiul nostru, se confirmă rezultatele din literatură și anume, faptul că blocanții de alpha-TNF, de tip Infliximab, reprezintă o metodă terapeutică optimă pentru bolile inflamatorii intestinale, obținându-se un răspuns pe termen lung la tratament.

Cuvinte-cheie: *Infliximab, colită ulcerativă, boala Crohn*

Introduction

Inflammatory bowel diseases represent a complex chapter of gastrointestinal disorders, owing to the incompletely known etiology and pathophysiology, the polymorphism of clinical features and the multitude and newly developed therapeutical modalities. Genetic susceptibility, luminal antigens and environmental triggers play a part in IBD pathogeny (1). Consequently their interaction, an immune response located in intestinal mucosa is initiated and leads to a chronic inflammatory process (2) that involves different lymphocytes populations, especially T cells. Th-1 cells characterize principally the immune reaction in Crohn's disease, while Th-2 cells are associated with ulcerative colitis.

The clinical presentation as well as the endoscopical and histological aspects show distinct features for each condition. Ulcerative colitis always involves the rectum, with inflammatory process extending to the proximal colon, up to the ileocecal valve. The lesions are typical continuous, and no skip areas of normal mucosa are detected. Left-sided disease is most frequently encountered in clinical practice (3), while severe forms of pancolitis that involve the entire colon are much less often diagnosed. Inflammation is limited to colonic mucosa and submucosa, with specific endoscopic appearance of granularity, friability and mucosal ulcerations. Unlike ulcerative colitis, Crohn's disease exhibits a segmental involvement of the entire gastrointestinal tract, from the mouth to anus, commonly the small intestine being affected. Patients with Crohn's disease present either with colonic disease, ileocolonic disease or small bowel disease in approximately equal percentages (3).

The principal histological feature is the transmural inflammation which involves all the four layers of the bowel, not only mucosa and submucosa like in ulcerative colitis. Rectum is inconstantly affected, but anorectal complications like abscesses and fistulas are quite common during the course of the disease. The clinical features of both diseases may overlap, but each entity has its own clinical pattern. The main symptom which dominates the clinical presentation of ulcerative colitis is bloody diarrhea. It is often accompanied by abdominal pain, rectal urgency and tenesmus (4). In majority of cases,