

Question 35 – Week of April 7

A 39 year old gentleman with diagnosis of PSC. He recently underwent colonoscopy with random colon biopsies. He is asymptomatic and denies any lower GI symptoms prior to the procedure. On colonoscopy he was found to have mild colitis. The colonic biopsies demonstrated chronic active colitis. He was treated with mesalamine 3.6g/day with improvement of symptoms. Which of the following statement is false?

- A. Surveillance colonoscopy in 1 year is warranted.
- B. Ursodeoxycholic acid is recommended to decrease risk of colorectal neoplasia.
- C. This patient carries a colorectal neoplasia risk that is four-fold higher than a patient with ulcerative colitis without PSC.
- D. Rectal sparing and backwash ileitis is common among PSC patients with ulcerative colitis
- E. PSC patients who undergo ileal pouch anal anastomosis have an increased risk of pouchitis.

Answer: B

There is insufficient evidence to support ursodiol use for chemoprevention of colon cancer in this group of patients. Thus far, two studies (Pardi et al and Tung et al) – one prospective and the latter retrospective supports the chemoprotective effect of ursodiol. However, further studies – Eaton et al and Wolf et al suggests increased risk of developing colorectal neoplasia in patient receiving high doses of ursodiol. Thus guideline issued by AASLD recommends against the use of ursodiol for chemoprevention of CRC in PSC patients.

References:

Pardi DS, Loftus EV Jr, Kremers WK et al. Ursodeoxycholic acid as a chemopreventive agent in patients with ulcerative colitis and primary sclerosing cholangitis. *Gastroenterology* 2003; 124:889-893

Tung BY, Emond MJ, Haggitt RC et al. Ursodiol use is associated with lower prevalence of colonic neoplasia in patients with ulcerative colitis and primary sclerosing cholangitis. *Ann Intern Med* 2001;134:89-95

Eaton JE, Silveira MG, Pardi et al. High-dose ursodeoxycholic acid is associated with the development of colorectal neoplasia in patients with ulcerative colitis and primary sclerosing cholangitis. *Am J Gastroenterol* 2011; 106:1638.

Chapman R, Fevery J, Kalloo A, et al. Diagnosis and management of primary sclerosing cholangitis. *Hepatology* 2010; 51:660.