



SESSION 3

POUCHITIS

Simon Travis, DPhil FRCP

Pouch dysfunction affects most patients with an ileal pouch-anal anastomosis (IPAA) performed after colectomy for ulcerative colitis, but pouchitis is the cause in just half of cases. The 'failure' rate of IPAA, leading to defunctioning or excision is around 10%/decade, most common in the first 2 years and clearly related to surgical volume (>8/year is optimal).

The differential lies between inflammation, sepsis, mechanical, functional, and a host of other causes. Investigations include careful clinical examination, blood and stool assays, pouchoscopy and biopsies, MRI pelvis, MRE, and occasionally defaecating pouchography or examination under anesthetic. Many patients have more than one contributing factor.

Pouchitis is defined by symptoms (increase in frequency with urgency; bleeding suggests cuffitis), pouchoscopy (often poorly reported), and biopsy. The Pouchitis Disease Activity Index has not been formally validated. The Atlantic Pouchitis Index (Simple Endoscopic Score (SES)-CD and Robarts Histology Index) may reduce interobserver variation. Acute/chronic pouchitis is defined by symptom duration (4-week threshold), sometimes further divided into antibiotic-responsive, -dependent, and -refractory types.

Initial therapy with ciprofloxacin for 2 weeks is preferred to metronidazole, owing to fewer side-effects, before using the alternative, or a combination of both¹. Check that other causes have been excluded and that inflammation persists before starting vedolizumab. Vedolizumab is the only advanced therapy shown to be effective². It is unclear whether vedolizumab works if patients did not respond to it before colectomy. Probiotics offer more hope than expectation. Anecdotal reports of other advanced therapies are commonplace. Remember the patient: multidisciplinary management at a high-volume center is likely to offer support beyond empirical therapies.

References

1. Magro F, Gionchetti P, Eliakim R, et al. Third European Evidence-based Consensus on Diagnosis and Management of Ulcerative Colitis. Part 1: Definitions, Diagnosis, Extra-intestinal Manifestations, Pregnancy, Cancer Surveillance, Surgery, and Ileo-anal Pouch Disorders. *J Crohns Colitis*. 2017;11(6):649–70.
2. Travis SPL, Silverberg MS, Danese S, et al. Vedolizumab for the treatment of chronic pouchitis. *N Engl J Med*. 2023;388(13):1191–1200.