



MEETING OF THE MINDS

RITZ-CARLTON HOTEL, TORONTO

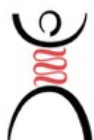


FRIDAY, November 15, 2019

 **MENTORING** in IBD **XX**
THE MASTER CLASS

#IBDMinds2019

Co-Chairs: **Alain Bitton**, MD FRCPC and **John K. Marshall**, MD MSc FRCPC AGAF



Crohn's and
Colitis Canada
Crohn et
Colite Canada





Inflammatory Bowel Disease Mimickers

Interactive Case Presentation with
Audience Response System (ARS)



Initial Presentation

- 36-year-old female presents to your emergency room with:
 - Abdominal pain
 - Worsening bloody diarrhea (eight to 10 bowel movements [BMs]/day)
 - Five-pound weight loss over the past two weeks
- She denies sick contacts or recent travel
- She has been on antibiotics for a urinary tract infection
- She has a cousin and an uncle with histories of Crohn's disease
- Medical history is significant for a diagnosis of metastatic melanoma.



Initial Presentation

- On examination:
 - Temperature: 36.8° C
 - BP: 104/56 mmHg
 - HR: 102 bpm
- Abdomen is tender to palpation with localized peritonitis
- Stools (three days ago) were negative for *C. difficile* toxin
- C&S and O&P are pending.



Initial Presentation

- Investigations in ER show:
 - WBC: $10.4 \times 10^9/\text{L}$
 - Hemoglobin: 109 g/L
 - MCV: 84.2 fL
 - Platelets: $438 \times 10^9/\text{L}$
 - CRP: 45.2 mg/L
 - Creatinine: 104 $\mu\text{mol/L}$ (baseline 70)
 - Abdominal X-ray: Diffuse colonic wall thickening, no free air or significant dilation



Initial Presentation

- ER doctor calls you for consultation and admission
- Informs you the patient is on a new chemotherapy regimen consisting of a combination of ipilimumab and nivolumab.



ARS Decision Node 1

- Which investigations would you arrange?
 - a) CMV PCR, abdominal CT scan, flexible sigmoidoscopy
 - b) CMV PCR, abdominal CT scan, colonoscopy
 - c) Abdominal CT scan, flexible sigmoidoscopy
 - d) Abdominal CT scan, colonoscopy
 - e) PET scan



Case Evolution

- She was started on ipilimumab + nivolumab six weeks ago (she has received the first two doses)
- You suspect an immune-related adverse event (irAE) and decide to admit her to hospital and perform a flexible sigmoidoscopy the same day.



Case Evolution

- Endoscopy shows a Mayo 2-3 colitis with some rectal sparing
- You take biopsies for histopathology and to rule out CMV and request that they be rushed
- CT of the abdomen confirms a pancolitis but no perforation, abscess or megacolon.



ARS Decision Node 2

- How do you want to treat this patient?
 - a) Supportive care only; wait for the biopsies
 - b) Prednisone 40 mg PO daily
 - c) Methylprednisolone 30 mg IV BID
 - d) Methylprednisolone 1-2 mg/kg IV/day
 - e) Infliximab 5 mg/kg
 - f) Vancomycin 125 mg PO QID



Case Evolution

- This patient has significant diarrhea/colitis and so you don't wait for the biopsies
- As you suspect checkpoint inhibitor colitis, you start intravenous methyprednisolone 1 mg/kg/day
- Over the next 72 hours, the patient does not show a significant response to therapy.



ARS Decision Node 3

- What do you do now?
 - a) Consult surgery for colectomy
 - b) Increase methylprednisolone to 2 mg/kg/day
 - c) Give infliximab 5 mg/kg IV
 - d) Give infliximab 10 mg/kg IV
 - e) Give vedolizumab 300 mg IV



Case Evolution

- You prescribe infliximab 5 mg/kg
- Following infliximab therapy, she has a partial improvement
- After six days she is better but still has four to five BMs per day—half of which are bloody—and mild abdominal cramps
- Her CRP is 18 mg/L (down from 45)
- The biopsies are now back from pathology and show neutrophilic infiltration in lamina propria, cryptitis, prominent distension of the crypts, no CMV inclusions.



ARS Decision Node 4

- What is your next step in management?
 - a) Wait another week for response given she is improving
 - b) Give another dose of infliximab 5 mg/kg
 - c) Give infliximab 10 mg/kg
 - d) Give vedolizumab 300 mg



Case Evolution

- You prescribe infliximab 10 mg/kg
- Within 72 hours she has a good response to therapy, with two to three non-bloody bowel movements per day, no abdominal pain and a CRP of 5 mg/L
- She is discharged from hospital on a tapering regimen of prednisone
- You see her in your office in two weeks
- The oncologist mentioned that he wished to put her back on ipilimumab + nivolumab, as her cancer had been responding to treatment



ARS Decision Node 5

- Will you put this patient on maintenance infliximab?
 - a) YES
 - b) NO



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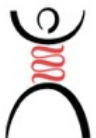


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