

Granulocyte and Monocyte Adsorption Apheresis Therapy for Ulcerative Colitis Patients : A Useful Tool for Surgical Indication Assessments

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Abstract : No optimal treatment regimen for ulcerative colitis (UC) has yet been established, and approximately one third of all such patients undergo operative treatments. Recently, granulocyte and monocyte adsorption apheresis (GCAP) has been shown to be a safe and effective treatment for active UC. Our objective was to investigate whether the outcome of GCAP therapy can help to determine the surgical indications for patients with UC. GCAP was performed on 18 patients with active UC, of whom 5 had relapsing–remitting UC and 13 had chronic continuous UC. The patients received up to 10 apheresis sessions over a 12–week period. All patients with UC received 5 apheresis sessions during a 5–week period. Sixteen of 18 patients showed an improvement in symptoms (abdominal pain, rectal bleeding, and diarrhea) after GCAP, thereby avoiding the re–administration of steroids. The mean dose of prednisolone before GCAP was 32.7 mg/day per patient, which decreased to 17.2 mg/day after 5 sessions of GCAP. Of the 18 patients treated with GCAP, 7 obtained remission, 6 showed a clinical response, 4 remained unchanged, while one patient demonstrated an aggravation of the disease. Two patients who hardly showed any improvement in the symptoms or UCDAI score even after additional GCAP therapy underwent a colectomy. GCAP therapy was well tolerated and no serious side–effects were observed. The findings of this study suggest that GCAP therapy may therefore be a useful alternative therapy for patients with UC and that the outcome of GCAP therapy may also be useful for determining the indications for surgery.

Key words : Granulocyte and monocyte adsorption apheresis, Surgical indication, UCDAI, Ulcerative colitis