

IBD Interest Group Meeting: Cape Town June 2019

The IBD Interest Group Meeting was held at the Vineyard Hotel in Cape Town, on a sunny winter's Saturday in June. This was the 13th Inflammatory Bowel Disease (IBD) interest group meeting, hosted once again by the Gastro Foundation. The focus of this meeting was aimed at improving the clinical management of IBD patients in our Sub-Sahara African setting, as well as reviewing some important topics in Gastroenterology.

The first session was opened with a welcome talk from Prof Chris Kassianides. This was followed by a much-anticipated talk by Prof Gill Watermeyer on the emerging novel biologics. Over the last 15 – 20 years anti-tumour necrosis factors (TNFs) have revolutionised the management of IBD and now biosimilars of Humira (Adalimumab) and Remicaide (Infliximab), have become available. These products have proven highly similar to the reference product with no significant clinical difference in safety, quality or efficacy, and with the main benefit of a significant reduction in cost. This talk provided an interesting synopsis of the development of these newer agents, specifically Remsima, their comparison to the originators and their future in the management of IBD.

A few interesting case studies were presented, including a review of amoebic colitis. Traditionally, the Western Cape is thought to be an amoebic-free zone, however there have been 5 cases of amoebic colitis treated at Groote Schuur Hospital this year. This serves as an aide-memoire to considering this infectious cause in the differential diagnosis of any acute or chronic colitis, irrespective of the geographical area, as well as the importance of both a recent and distant travel history.

Dr Tendai Machiridza, our gastroenterology fellow from Zimbabwe, presented an interesting case of a patient with Crohn's Disease (CD), complicated by Primary Sclerosing Cholangitis (PSC) and pyoderma gangrenosum, requiring high doses of corticosteroids and immunosuppressive therapy (azathioprine). The patient then developed a liver lesion with accompanying loss of weight, which was thought to be a cholangiocarcinoma, due to her background of PSC. However, this diagnosis was not confirmed via a biopsy/histology. Subsequent to this, her condition deteriorated, with the development of new chest lesions (lung mass, pleural effusions), the biopsy of which confirmed the true diagnosis of tuberculosis (TB), for which the patient was treated, with marked improvement. The case highlights the increased risk of opportunistic infections, in particular TB, in our immunosuppressed patients, as well as the importance of continual review of diagnoses in these patients.

Dr Daniel Surridge, from the Department of Colorectal surgery at Baragwanath Hospital in Johannesburg, provided a concise account of optimising our IBD patients for surgery, highlighting the importance of a multi-disciplinary approach, early involvement of the surgical team, the importance of pre-operative resuscitation, and the functionality of the Enhanced Recovery After Surgery (ERAS) protocol .

Prof Gill Watermeyer and Dr Eduan Deetlefs reviewed common mistakes in the management of both severe Crohn's Disease and Acute Severe Ulcerative Colitis (ASUC). The latter is a common medical emergency we regularly encounter, and if inadequately treated, carries a high mortality. The presentation included a review of the great mimics of this condition, its complications, the importance of early and aggressive medical therapy, and the problem of unnecessary delays in referrals to specialist centres.

The guest speakers were Prof Segun Ojo and Dr Omalade Adegoke and from Nigeria who gave us some insight to their experiences as pathologists in the field of IBD, highlighting the increasing hospital prevalence of IBD over recent years and the clinical diagnostic and management limitations in their setting.

Prof Mashiko Setshedi offered us a preview of their highly anticipated research into the statistics of a Sub-Saharan IBD cohort. The presentation highlighted the paucity of data in our setting, the reasons for this including underreporting of cases and the lack of specialist services in remote areas. Possible solutions to these issues should involve the institution of IBD registries, improving awareness and education and publishing already accrued data to benchmark the temporal epidemiological trends and outcomes from the diseases in the public and private sectors in South Africa and neighbouring states.

The final presentation of the day was delivered by Prof Mark Sonderup on IBD and the liver, with a focus on PSC, Hepatitis B reactivation and drug-induced liver injury (DILI). Important discussion points included the pre-malignant nature of PSC, and the problems of screening for associated cholangiocarcinoma. He supported the use of ursodeoxycholic acid, and discussed current investigative agents being trialled in this setting. Effective screening programs for PSC-related malignancies have been shown to improve outcomes.

In addition, Prof Sonderup provided valuable insight into Hepatitis B reactivation. He highlighted the frequency of occurrence, the impact of immunosuppressive agents used in IBD, and the expected outcomes and the efficacy of prophylactic antivirals, namely Lamivudine. He took us back to basics with an approach to the frequent occurrence of deranged liver function tests in our IBD patients, emphasising drug interactions and toxicity as the major culprits to be considered and managed accordingly.

The day included a delicious breakfast and brunch spread, against the backdrop of Table Mountain. A thank you to the sponsors Abbvie, Janssen, Adcock Ingram, Equity, Ferring and Takeda. These meetings would not be possible without their generous support. The meeting was a great success for my gastroenterological education and I believe was valuable and appreciated by all sixty-five gastroenterologists who attended, both young and old.

Dr Thania Kahn.