#197 - CLINICAL AND EPIDEMIOLOGICAL CHARACTERIZATION OF INFLAMMATORY BOWEL DISEASE: STATE OF THE ART FROM AN ECUADORIAN TERTIARY HOSPITAL

Gallegos A[1], Vallejo V[1], Puga M[2], Marriott D[3], Davila D[1], Vera E[1], Jara M[1], Vega C[1], Alcivar M[1], Castells J[4], Carvajal J[5], Cartagena M[6], Oleas R[7], Buchelli P[4], Arevalo M[3], Marriott E[3]

[1]Hospital Teodoro Maldonado Carbo (HTMC), Guayaquil, Ecuador [2]Instituto Ecuatoriano de Enfermedades Digestivas (IECED), Guayaquil, Ecuador [3]Universidad de Especialidades Espirtu Santo (UEES), Guayaquil, Ecuador [4]Universidad Católica de Santiago de Guayaquil (UCSG), Guayaquil, Ecuador [5]Universidad Santiago de Chile, Santiago, Chile [6]Hospital El Carmen, Santiago, Chile [7]John H. Stroger, Jr. Hospital of Cook County, Chicago, Estados Unidos (EEUU)

BACKGROUND: The epidemiology of inflammatory bowel disease (IBD) goes through emergence, incidence acceleration, compounding prevalence, to prevalence equilibrium. Latin America is between the second and third stages. Epidemiological reports in this region are scarce and contradictory regarding the ratio between ulcerative colitis (UC) vs. Crohn's disease (CD), severity at onset, or disease distribution.

AIM: To better describe IBD demography, clinical onset, management and outcomes at a tertiary hospital database.

METHODS: Observational study consisted of a consecutive registry of IBD patients ≥15 years (2007 – 2022).

RESULTS: 87 patients: 38 (43.7%) women, 64 (73.6%) UC and 23 (26.4%) CD; 2.8 UC/CD ratio. Age at diagnosis was <16 in 5 (5.7%), 16-40 in 45 (51.7%) and >40 in 37 (42.5%). Six came from Paediatrics (6.9%). Severity at debut was mild in 13 (14.9%), moderate in 52 (59.8%) and severe in 22 (25.3%). The median delay to diagnosis was 12 months. CU was proctocolitis in 14/64 (21.8%), left-sided colitis in 17/64 (26.5%), and pancolitis in 33/64 (51.5%). CD were ileal in 6/23 (26%), colonic in 6/23 and ileocolonic in 11/23 (47.8%); 3/23 were colonic and extra-ileocolonic (L1+L4). CD behaviour was inflammatory in 8/23 (34.7%), stricturing in 7/23 (30.4%) and penetrating in 8/23. There were rheumatologic manifestations in 6 IBD patients (6.9%). Surgery was required in 20 (23%). Biologics were necessary in 48 (55.2%): 40/48 infliximab, 11/48 adalimumab and 1/48 vedolizumab. To date, 63 are in remission (72.4%): 37/63 asymptomatic and 26/63 without endoscopic activity. Along with treatment, 16/87 became steroid-dependent (18.4%). The median follow-up was 3 years.

CONCLUSIONS: In comparison with other Latin American locations, a lower UC/CD ratio has been observed, with higher pancolitis (UC) and ileocolonic localisation (CD). Biologics plays a key role in treatment. Keeping updated registries is substantial to improve the IBD quality of healthcare.