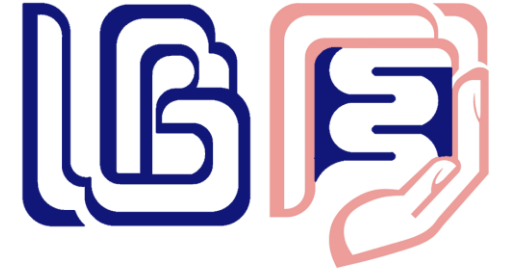




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انجمن حمایت از بیماران مبتلا به بیماریهای التهابی روده ایران

Role of Budesonide in mild to moderate CD

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Learning Objects:

- Important tips at the beginning of first treatment
- Role of Budegit as the induction of treatment
- Dosage of Budegit as the induction of treatment
- Adverse effects of Budegit in treatment of IBD

34-year old male with intermittent bloody diarrhea



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- 34 y/o male
- Intermittent non-bloody diarrhea from 6 m ago
- 5-6 loose stool
- Abdominal cramp, bloating
- No nocturnal ss, weight loss or tenesmus

34-year old male with intermittent bloody diarrhea

- PMH: Appendectomy 2 y ago
- DH: Bismuth, Clid C, Mebeverine
- FH: -

- P/E: wnl except RLQ scar BP: 118/78 T: 36.8 HR: 78 RR: 14 WT: 60

What is the next step?

- CBC, diff
- ESR, CRP
- S/E, OB, OVA
- FIT
- Anti TTG Ab Ig A, Serum Ig A
- Ca
- TSH
- Stool Calprotectin
- Stool C difficile toxin
- Abdominopelvic Sonography

What is the next step?

- CBC: Hb: 14.5, PLT: 469000, WBC: 9800
- ESR: 31
- CRP: 42
- S/E, OB, OVA : WBC: many RBC: many OVA: - OB: +++
- Stool Calprotectin: 870

What is the next step?



- Colonoscopy, TI evaluation?
- Rectosigmoidoscopy?

Colonoscopy, TI evaluation, Biopsy

- Colonoscopy: normal mucosa and vascular pattern up to cecum, TI was seen and multiple erosions were seen. Multiple biopsies were taken from TI.
- Patho: chronic ileitis, without granuloma
- **Do you agree with these sampling sites?**
- **Do you agree with these reporting form?**

Correct diagnosis?



- Differential diagnosis?
 - By History?
 - By Lab?
 - By Colonoscopy and pathology results?

What is the next step?



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- Start treatment as CD?
- More evaluation?

MR Entero or CT Entero or Spiral CT scan?

MR Enterography:

T1 mural thickening (length: 10 cm) without stricture or fistula,
mesenteric side engorgement with multiple benign appearing lymph
nodes in RLQ up to 9 mm.

Other lab data:



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PPD Test: -

LDH: 167

HIV Ab: -

- Activity ?
- Severity ?
 - Age at diagnosis, ESR, CRP, Extension, Endoscopic severity, systemic corticosteroid, Behavior, Location!

Therapeutic target:



- Clinical remission ?
- Endoscopic remission ?
- Histologic healing ?

Mucosal Healing:

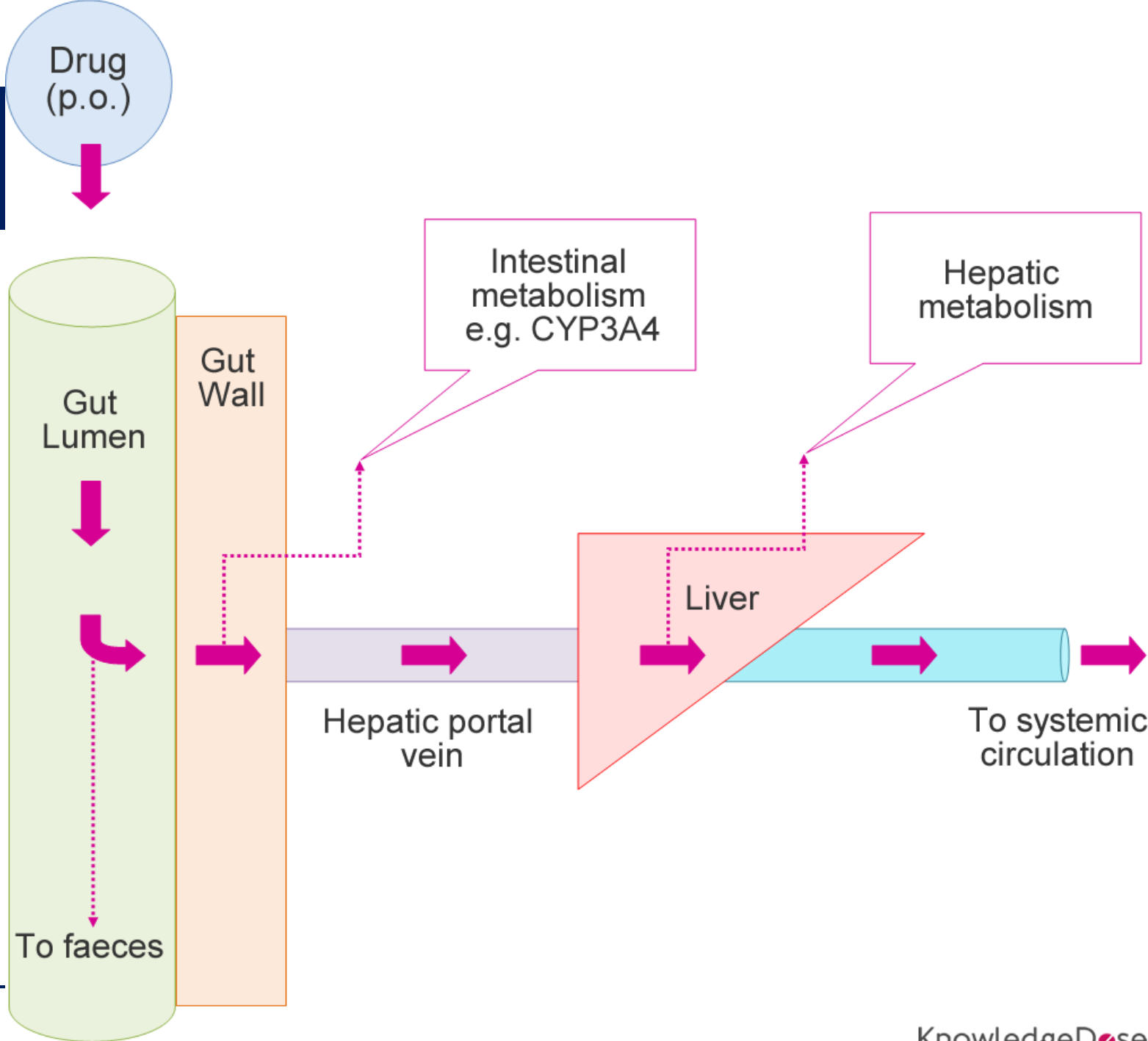
- **Clinical remission versus Endoscopic remission**
- **Role of CRP and Calprotectin?**
- **Studies interval:**
 - Visit
 - Lab
 - Colonoscopy
 - Imaging

What would you do as the initial treatment?

1. Oral Pentasa 3 g/day
2. Oral Pentasa 3 g/day + AZA 50
3. Oral Budegit 3 g TDS
4. Oral Budegit 3 g/day + AZA 50
5. Oral Prednisolone
6. Oral Prednisolone 1 mg/kg+ AZA 50
7. CinnoRA

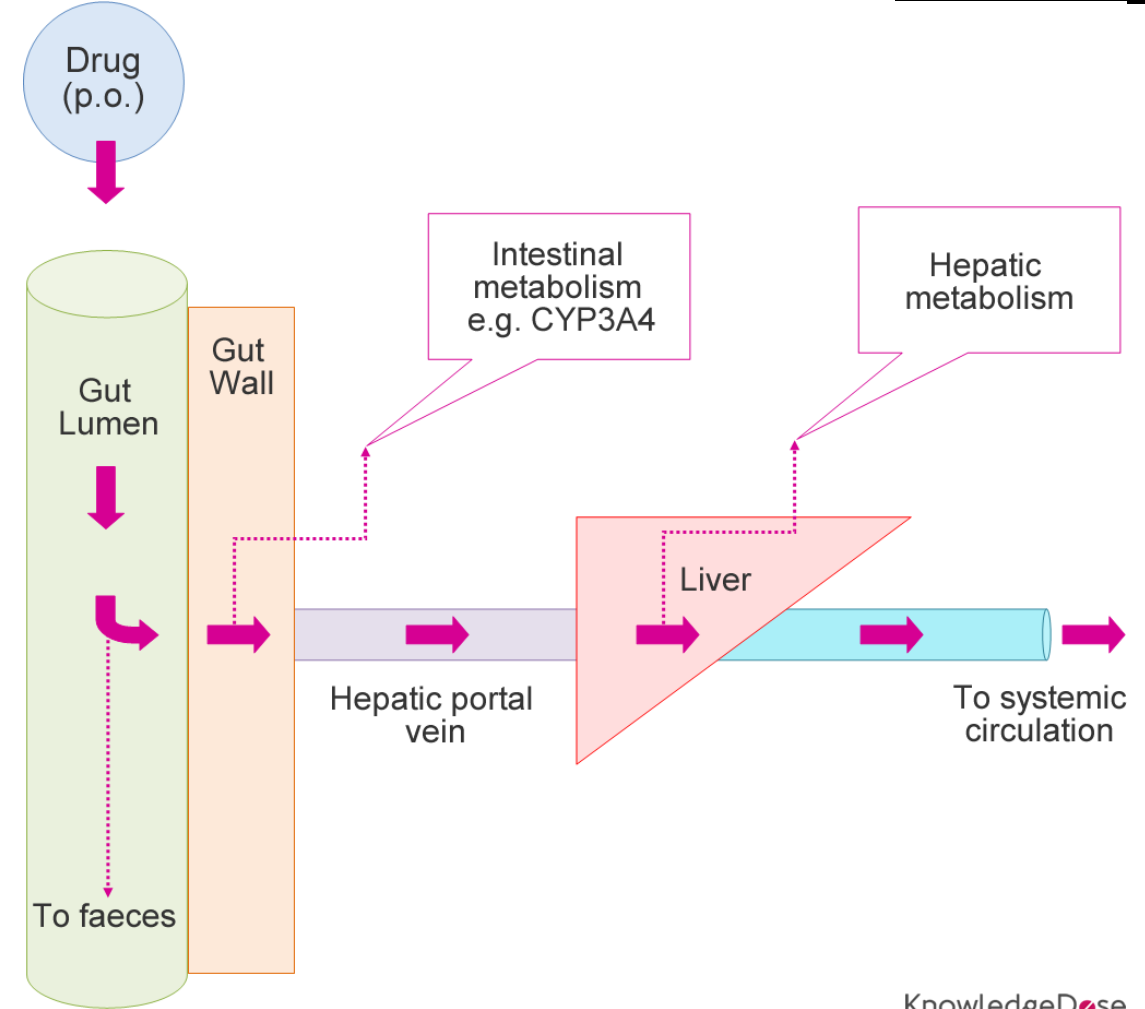
Budesonide versus Prednisolone?

- First-pass metabolism
- Effect on adrenal and bone



Contraindications?

- Severe bacterial or fungal infection
- Clostridium difficile infection (CDI)??
- Some Consideration:
 - Cirrhosis
 - CYP3A inhibitors



Dosing? How long?

- 9 mg daily 6 - 10 w
- Then 9 mg every other day for two weeks,
- followed by discontinuation,
- for a total of 8 to 12 w of therapy.
- If no response after 10 w: change treatment



Monitoring?

- Hyperglycemia?
- Osteoporosis?

Budesonide
3 mg



Adverse effects?

- Over 900 patients,
- The risk of having at least one adverse event was not significantly different for patients receiving budesonide formulation compared with placebo (RR 1.09, 95% CI 0.95-1.26)

Budesonide
3 mg



Hypothalamic-pituitary-adrenal axis suppression?

- Supplementation with a systemic glucocorticoid may be required in patients taking budesonide who undergo surgery or other stressful situations (eg, bacterial sepsis).

Budesonide
3 mg



Pregnancy, breastfeeding?

- Rare risk of cleft palate
- First trimester
- Safe in breastfeeding

Budesonide
3 mg



At FU:

- After 12 w, on Budegit 9 gr+AZA 100 mg, he has 2-3 semiformed non-bloody stool without some nocturnal ss or abdominal cramp.
- WBC: 9700
- Hb: 14
- Plt: 367000
- ESR: 18
- CRP: 7
- Calpro: 136

What is your next plan:

1. Cont Budegit 9 gr+ cont AZA 100 mg
2. Stop Budegit + Cont AZA 100 mg
3. Oral Pentasa 3 g/day + AZA 100 mg
4. Start Cinnora

Cont ...

- After 6 m, On AZA 100 mg, he has 4-5 semiformed stool with some nocturnal ss and abdominal cramp.
- One episode of severe abdominal pain with ER visit 1 w ago.
- P/E: WNL

- WBC: 9700
- Hb: 11.8
- Plt: 567000
- ESR: 18
- CRP: 56
- Calpro: 320

What is your next plan:

1. Abdominopelvic CT scan with IV/Oral Contrast
2. Start CinnoRA
3. CT Entro
4. MR Entro
5. Abdominopelvic Sonography
6. Total ileo-colonoscopy

MR Enterography:

T1 mural thickening, inflammatory luminal stricture with pre-stenotic dilation (length: 10 cm), with ileocolonic fistula, multiple LAP in RLQ up to 8 mm

Colonoscopy:



Normal mucosa and vascular pattern in rectum up to cecum. Ileocecal wall ulceration and TI could not intubate.

Patho: severe ulceration and inflammation without granuloma.

What is your next plan:

1. Budegit 9 gr + cont AZA 100 mg
2. Pred 50 mg/d+ cont AZA 100 mg
3. CinnoRA
4. CinnoRA + AZA 100 mg
5. Remicade
6. Remicade + AZA 100 mg
7. Rhofanib 10 BD