



**MANAGEMENT OF
INFLAMMATORY
BOWEL DISEASE
DURING COVID-19
PANDEMIC. A
PRACTICAL
REVIEW**

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INTRODUCTION

- Following rapid spread of the SARS-CoV-2 and COVID-19 pandemic, concerns for patients with IBD who are on immunosuppressive medications, increased. There were various important questions in patient with the background of IBD.
- In this practical review we are going to discuss about these issues with regards to recent data and guidelines.

IS THERE INCREASING RISK OF COVID-19 IN IBD PATIENTS ON IMMUNOMODULATION / IMMUNOSUPPRESSIVE MEDICATIONS?

- Based on the rare published data, immunosuppressed patients do not appear to be at higher risk of complications.
- Tobacco increases the gene expression of the angiotensin converting enzyme, the binding receptor for this virus.

ARE PATIENTS WITH INFLAMMATORY BOWEL DISEASE (IBD) MORE SUSCEPTIBLE TO CORONAVIRUS 2 INFECTION?

- Despite higher intestinal ACE2 concentration, based on previous report in china, there is no evidence to suggest that Covid-19 occurs more frequently in IBD patients than in the general population.
- Because there are two forms of ACE2 in lung and intestine which had different function.

DOES COVID-19 CAUSE IBD FLARE UP?

- Although some patients infected by SARS_COV2 presented with gastrointestinal symptoms including diarrhea, nausea and some symptoms mimic IBD flares symptoms.
- At the moment, no data have been published that SARS-CoV-2 stimulate IBD flare up.

SHOULD IBD PATIENTS STOP TAKING THEIR IMMUNOMODULATION, IMMUNOSUPPRESSIVE MEDICINE, WITHOUT COVID-19 INFECTION?

- According to the current evidence, IBD patients on immunomodulatory drugs including thiopurines (azathioprine, 6-mercaptopurine), Anti-TNF drugs, cyclosporine, methotrexate and the JAK-2 inhibitor tofacitinib, should not stop taking their drugs.

DO PATIENTS WITH COVID-19 WHO ARE ON STEROID THERAPY HAVE A WORSE PROGNOSIS?

- Steroids consumption during COVID-19 is controversial.
- Some experts propose to avoid steroids during COVID-19, But other experts advise low-dose, short-term steroids in acute respiratory distress syndrome (ARDS), and reported low dose short term steroid are not associated with worse prognosis even in patients with critical COVID-19 pneumonia.

CAN WE INITIATE ANTI TNF DRUGS AND OTHER IMMUNE SUPPRESSIVE DRUGS IN THIS PANDEMIC AND IS IT NECESSARY TO TEST THE PATIENT FOR COVID19 BEFORE INITIATION OF ANTI TNF?

- If the patient symptoms do not resolve after optimizing medications and the symptoms are severe and irresponsive, new administration of these drugs could be considered with cautious.
- It is recommended to evaluate COVID-19 infection before initiation of Anti TNF drugs or high dose of steroids.
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HOW TO MANAGE IBD PATIENTS WITH SYMPTOMATIC COVID-19 DISEASE

- Stopping thiopurines, Anti-TNF, methotrexate, tofacitinib in case of suspected infection may be reasonable.
- Restart Anti TNF drugs and immunomodulators at least two weeks after patient recovery.
- Using steroids and IL6 suppressors can be used depend on pulmonary and active colitis.

SURGICAL IMPLICATIONS OF IBD PATIENTS DURING COVID-19 PANDEMIC

- Urgent conditions should be done with special attention to PPE in operating rooms.
- Common urgent conditions include: perianal abscess in perianal CD, toxic megacolon, bowel perforation and bowel obstruction.
- In emergency surgeries, all patients should be tested for COVID-19 and thoracic CT scan should be done in the last 24 hours.



CONCLUSION

- In this review we are going to discuss about treatment challenges in IBD patients during COVID-19 pandemic.



**THANK YOU FOR
YOUR
ATTENTION**