O450

Abstract (oral session)

Influence of immunosuppressive therapy in the development of cytomegalovirus disease in patients with inflammatory bowel disease

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Objectives: IBD patients are increasingly treated with immunosupressive drugs. However, the influence of this treatment in the development of cytomegalovirus (CMV) disease in patients with inflammatory bowel disease (IBD) has not been adequately addressed. Methods: We retrospectively analyzed patients with IBD who developed CMV disease from 1/1/2000 to 1/4/2011 in our institution. Diagnosis of CMV disease required clinical symptoms and the presence of CMV inclusion bodies and/or immunohistochemistry (IHC) and/or a positive pp65 antigenemia test. For the analysis of risk factors we selected 4 matched controls per CMV case among contemporary IBD patients hospitalized with an exacerbation of their illness. Conditional logistic regression was used to evaluate risk factors for CMV disease. Results: Twenty-nine of 772 (3.7%) patients who were hospitalized because of an IBD flare developed 31 episodes of CMV disease. Prevalence of CMV disease increased during the study period (2.7% before 2005 and 5.4% after 2005, p=0.08). In 8 patients CMV disease was coincident with the diagnosis of IBD. Most patients had gastrointestinal CMV disease (94%), but also had other forms (hepatitis (5), pneumonitis (2), disseminate (1)). CMV antigenemia test was positive in only 6 patients (24%). Antiviral treatment was used in 80% of patients. The time of hospitalization was significantly greater in the CMV group ($p<0.001$), however there was no difference in the surgery needed within 3 months after IBD flare. In the multivariate analysis, the independent risk factors associated with the development of CMV disease in a patient with an IBD flare were age (1.037; 95%CI: 1.001-1.1063), ulcerative colitis (2.33; 95%IC: 1.127-4.823) and corticosteroid resistance (6.905; 95%IC: 1.692-28.169). However, the risk factors associated with the development of CMV disease in the 21 patients in whom IBD diagnosis was done before CMV disease, were also immunosuppressive treatment with cyclosporine or infliximab (5.599; 95%CI: 1.060-19.995) and low level of albumin (0.378; 95%CI: 0.153-0.935). Conclusions: CMV disease is a significant and increasing infectious complication in patients with IBD, which significantly increases hospitalization time but not the need for additional surgery. Ulcerative colitis, older age and corticosteroid resistance are risk markers for developing this complication in IBD patients with a flare. Immunosuppressive therapy with cyclosporine and infliximab is also a risk factor in patients with previously-diagnosed IBD.