

## Advanced Polytherapy of Severe Ulcerative Colitis in an Elderly Patient: a Case

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**Background:** Ulcerative colitis represents a challenge for the clinician, although there are numerous therapeutic protocols applicable to difficult cases. We present a case report.

**Case history:** An 84-year-old patient, suffering from ulcerative colitis, already treated surgically (colectomy with ileo-rectum anastomosis), had crises of colitic-like pain with very high inflammatory indices despite steroid therapy. A rectosigmoidoscopy revealed serpiginous ulcers in the ileal mucosa, with a more severe picture in the pre-anastomotic site. At the ileo-rectal level, the mucosa was intensely hyperemic, inflamed and eroded. We started mesalazine 3 g, aminosalicilic acid 2 g, ciprofloxacin 1 g, attempting a corticosteroid down-titration. However, a subsequent colonoscopic examination after one month revealed that the ileorectal anastomosis appeared stenotic with deep ulcers and the rectal mucosa appeared hyperemic and subatrophic with more mold ulcers. We opted for prolonged release beclomethasone dipropionate

and adalimumab (160 mg at week 0, 80 mg at week 2, 40 mg at weeks 4 and 6), with good resolution of symptoms, decrease in inflammatory indices, waiting for the new endoscopy.

**Discussion:** We described a multi-therapeutic approach using monoclonal antibody that ensured a good decrease in symptoms with a satisfactory quality of life in an elderly patient with severe disease.

### References

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2. Reinisch W, Sandborn WJ, Hommes DW, et al. (2011) Adalimumab for induction of clinical remission in moderately to severely active ulcerative colitis: results of a randomised controlled trial. *Gut* 60: 780-781.