LETTER TO THE EDITOR

The impact of preoperative infliximab therapy on postoperative complications in patients with ulcerative colitis

Dear Sir,

We read with interest the article by Eshuis et al., ‘Previous infliximab therapy and postoperative complications after proctocolectomy with ileum pouch anal anastomosis’. The authors conducted a retrospective study evaluating patients who underwent pouch surgery for ulcerative colitis (UC). One-stage procedures (n = 33; proctocolectomy with pouch, with or without temporary diversion) and two-stage procedures (n = 39; emergency colectomy and subsequent completion proctectomy with pouch, with or without temporary diversion) were analyzed separately. In the one-stage group, the incidence of postoperative pelvic sepsis (anastomotic leakage and presacral abscess) was 24% in patients who were treated with preoperative infliximab therapy vs 0% in those without infliximab therapy; the difference being almost significant. In contrast, in the two-stage group, the rate of pelvic sepsis was similar for patients with and without preoperative infliximab therapy. The authors suggest that infliximab use prior to one-stage restorative proctocolectomy is associated with increased incidence of pelvic sepsis. For patients treated with preoperative infliximab therapy, a two-stage procedure should be considered.

There are several limitations in this study. The major limitation is represented by the relatively small number of patients and events included in the analysis, resulting in the study being underpowered to identify factors predicting postoperative complications. Furthermore, the median time between last infusion of infliximab and surgery was 7.1 months in the one-stage procedure group. It is suggested that biological effect of infliximab is not sustained over 12 weeks. In the majority of the patients in this study, biological effect of infliximab may have been diminished at the time of surgery. Additionally, it is not clear whether postoperative pelvic sepsis is evaluated in a consistent manner over time during this retrospective study. The sepsis rate may not only be influenced by preoperative infliximab use but also by many other factors such as nutritional status, the use of corticosteroids and immunosuppressants, surgeon's skill, and covering stoma.

Recently, Nørgård et al. conducted a nationwide cohort study to examine the impact of preoperative use of anti-tumour necrosis factor-α (anti-TNF-α) agents on postoperative complications after colectomy for UC. A total of 199 patients (16%) were exposed to anti-TNF-α agents within 12 weeks before colectomy, and 1027 patients (84%) were not. The use of anti-TNF-α agents did not increase the risk of postoperative complications within both 30 and 60 days after colectomy. This study is the largest to date on the risk of postoperative outcomes after preoperative exposure to anti-TNF-α agents in patients with UC.

We need further prospective studies to conclude on the impact of preoperative anti-TNF-α agents on pouch-related complications after restorative proctocolectomy for UC. These studies will provide surgeons helpful information (e.g., avoidance of pouch construction and pouch-anal anastomosis) at the time of colectomy.

Conflict of interest statement
None declared.

References

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