LETTER TO THE EDITOR

Has primary sclerosing cholangitis associated with Crohn’s disease a better outcome?

Dear Editor,

We read with interest the paper by Halliday et al.1 describing the characteristics of patients with concomitant primary sclerosing cholangitis (PSC) and Crohn’s disease (CD). In this article, patients with PSC/CD were as likely to be female as male, more commonly had small duct PSC and had much better prognosis when compared to patients with PSC and ulcerative colitis (UC). Based on the Kaplan–Meier survival plot, their PSC/UC group had a median transplant or cancer free survival of 10 years, while PSC/CD group had a median survival of over 20 years. These results may potentially have important implication in surveillance, management and patient education.

We have examined our population-based cohorts of PSC2,3 in Canterbury, New Zealand but found no difference in cumulative transplant free survivals for our PSC/CD and PSC/UC groups with median survival of 12 and 14 years respectively (p=0.7, Log Rank). One difference between our cohort and theirs is that we only had one case of small duct PSC in PSC/CD group and none in PSC/UC group. Therefore, we do wonder whether the perceived survival advantage of their PSC/CD group may solely reflect the difference in prognosis between small and large duct PSC rather than CD and UC per se. In addition, it is also likely that their PSC/CD group had a shorter follow up period than PSC/UC group given a difference of 1.4 years in median follow up time. To better understand and extract more from their findings, some additional details that the authors may have could be useful. For example: 1) If cases of small duct PSC were excluded, is there any difference in outcomes between the 2 groups? 2) What were the total patient-years follow-up and the risk of death/transplantation per patient-year follow up in each group?

This study has highlighted several important differences between PSC/CD and PSC/UC groups that warrant further studies. It is known that disease extent in IBD was associated PSC development.4 If the prognosis of the PSC/CD group is truly better, could it be that disease extent is also associated with prognosis?

Conflict of interest

We declare no conflict of interest.

References


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