and reoperation between two groups using the Kaplan–Meier method and a log-rank test.

Results: Of a total 721 patients, 443 (61.4%) were the second group. Although the cumulative probabilities of immunosuppressant (P < 0.001) and IFX use (P < 0.001) after diagnosis were significantly higher in the second group, there were no significant differences in cumulative probabilities of operation (P = 0.905) and reoperation (P = 0.418) between two groups.

Conclusions: The early use of IFX did not reduce CD-related surgery requirements in Korean patient with CD. Our results suggest that the early use of IFX may have little impact in the clinical outcome of Korean CD in the setting of a conventional step-up algorithm.

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Long-term outcomes of cytomegalovirus reactivation in patients with moderate to severe ulcerative colitis: a multicenter study
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Background: Our previous study reported that cytomegalovirus (CMV) reactivations are frequently observed in patients with moderate to severe ulcerative colitis (UC) and that ganciclovir therapy was effective in patients with active UC. However, the long-term clinical outcome of CMV reactivation is not determined yet. The aim of this study is to determine the long-term clinical outcome of CMV infections in patients with active UC, as well as the long-term therapeutic efficacy of ganciclovir treatment on CMV reactivation.

Methods: This retrospective, multicenter study included a cohort of 72 patients with moderate to severe UC who were evaluated for CMV reactivation at their initial ulcerative colitis flare. The 72 patients were grouped into a CMV-positive (n = 31) and CMV-negative group (n = 41) according to the results of CMV assessment at the initial UC flare-up. Colectomy, disease relapse, and recurrence rate of CMV reactivation were investigated.

Results: The mean duration of follow-up for the 72 patients was 43.3 ± 20.92 months (range, 1–69 months). The cumulative colectomy (log rank P = 0.003) and disease flare-up rates (log rank P = 0.048) were significantly higher in the CMV-positive group. Of the 11 patients who were successfully treated with ganciclovir in the initial treatment, 3 (27.3%) experienced a recurrence of CMV reactivation and 5 (55.6%) showed a poor outcome such as need for colectomy or a steroid-dependent state.

Conclusions: Patients who had CMV reactivated UC showed poor outcomes at the long-term follow-up, and the long-term efficacy of ganciclovir therapy was marginal. Careful assessment is necessary for patients with moderate to severe UC who have evidence of CMV reactivation.

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Long-term outcome of Crohn’s disease patients treated with infliximab
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Background: The use of Infliximab (IFX) has revolutionized the treatment of Crohn’s disease (CD). The aim of the study was to evaluate the long-term clinical efficacy and mucosal healing of CD treated with IFX in one single center.

Methods: A total of 111 CD patients who received IFX therapy at the First Affiliated Hospital of Sun Yat-Sen University were enrolled in this study. The clinical efficacy was evaluated at 10 weeks, 30 weeks, 54 weeks, 2 years, 4 years, 5 years and 6 years respectively, whereas repeated endoscopy was performed at 10 weeks and 30 weeks.

Results: The steroid-free remission rate at week 10, 30, and year 2, 3, 4, 5, 6 were 82.6%, 78.0%, 68.9%, 56.0%, 59.8%, 56.4% and 57.2% respectively. Mucosal healing rate at week 10, 30 and 60 months were 41.3% and 49.6% respectively. The clinical recurrence rate were 17.4%, 22.0%, 31.1%, 35.0%, 40.2%, 41.6%, 42.8% respectively. The loss of response rate were 0%, 13.6%, 13.6%, 4.5%, 4.5%, 9.1%, 4.5%, 0% respectively. Adverse effects happened in 7.4% of patients.

Conclusions: IFX induces and maintains high rate of long-term clinical remission and mucosal healing in CD patients. Nearly 4.5–13.6% patients lose response to IFX each year at our center.

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Long-term efficacy of maintenance therapy with thiopurines in Crohn’s disease
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Background: To evaluate the efficacy of thiopurines in patients with Crohn’s disease. To identify predictive factors associated with the flare of disease.

Methods: Long-term incidence of flare was estimated in patients from a prospectively maintained Chinese IBD database using Kaplan–Meier analysis. Cox regression analysis was performed to identify potential predictive factors of flare.

Results: A total of 265 patients completed six months of thiopurines treatment. Overall, using a strict definition of relapse (including patients with a short relapse), the proportion of patients still in remission at 12, 24, 36, 48, and 60 months was 0.76, 0.62, 0.50, 0.37, and 0.26, respectively. The median time of clinical remission was 36.8 months (95%CI 25.8, 47.7). There was a total 101 disease-flare attack within an median time 9.37 months (IQR 4.07–17.20). Significant factors predictive of achieving remission are indications for thiopurines (P < 0.0001), more frequently expose to corticosteroids treatment prior to thiopurines (P < 0.006), a higher baseline hemoglobin (g/l) (P = 0.045), and a higher baseline hematocrit (P = 0.0018). Factors that were not significant were age at diagnosis, and lymphocyte count, disease behavior, median duration of disease, body mass index, intestinal surgery or appendectomy history, site of involvement, 5-ASA co-use, type of thiopurine, median dose of thiopurines, baseline leukocyte count, baseline PLT count, baseline ESR, baseline CRP. There was no sex difference. By multiple logistic regression the only independent factors in the model was indications for thiopurines. And fistulizing CD and postoperative maintenance are best indications for thiopurines maintenance therapy.

Conclusions: Maintenance therapy with thiopurines in Crohn’s disease can achieve a 36.8 month disease-flare free clinical remission. Significant factors predictive of maintaining remission are indications for thiopurines, more frequently expose