

ECCO guidelines management of Ulcerative Colitis with focus on LMICs

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Conflict of interests: **None**





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Abstract

1. Introduction
2. Methods
3. General approach to the surgical management of ulcerative colitis

JOURNAL ARTICLE

ECCO Guidelines on Therapeutics in Ulcerative Colitis: Surgical Treatment FREE

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Lap. appendectomy

for selected patients

with therapy-refractory UC

Acherman Y, et al. **Appendicectomy plus standard medical therapy versus standard medical therapy alone for maintenance of remission in ulcerative colitis (ACCURE): a pragmatic, open-label, international, randomised trial.** The Lancet Gastroenterology & Hepatology, 2025

Visser, Eva, et al. **Appendicectomy versus Switching to a JAK Inhibitor in Inducing Remission in Patients with Active Ulcerative Colitis after Biologic Therapy Failure (COSTA): 1-Year Results of a Multicentre, Prospective, Cohort Study.** The Lancet. Gastroenterology & Hepatology , 2026

Elective **minimal invasive surgery**

when

moderately-to-severely active UC

is

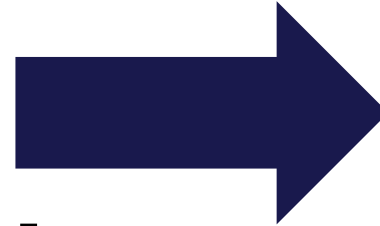
refractory to optimised
medical therapy

Peri-operative optimization



Steroids, immunomodulators, advanced therapies, thromboembolic prophylaxis

Subtotal colectomy



- completion proctectomy

(-/+IPAA) IRA is an option

- Rectal stump left in situ with
endoscopic surveillance The continent

ileostomy [Kock pouch]

Avoid short rectal stump below
the peritoneal reflection

Cancer

Fertility

Surveillance

Functional outcomes



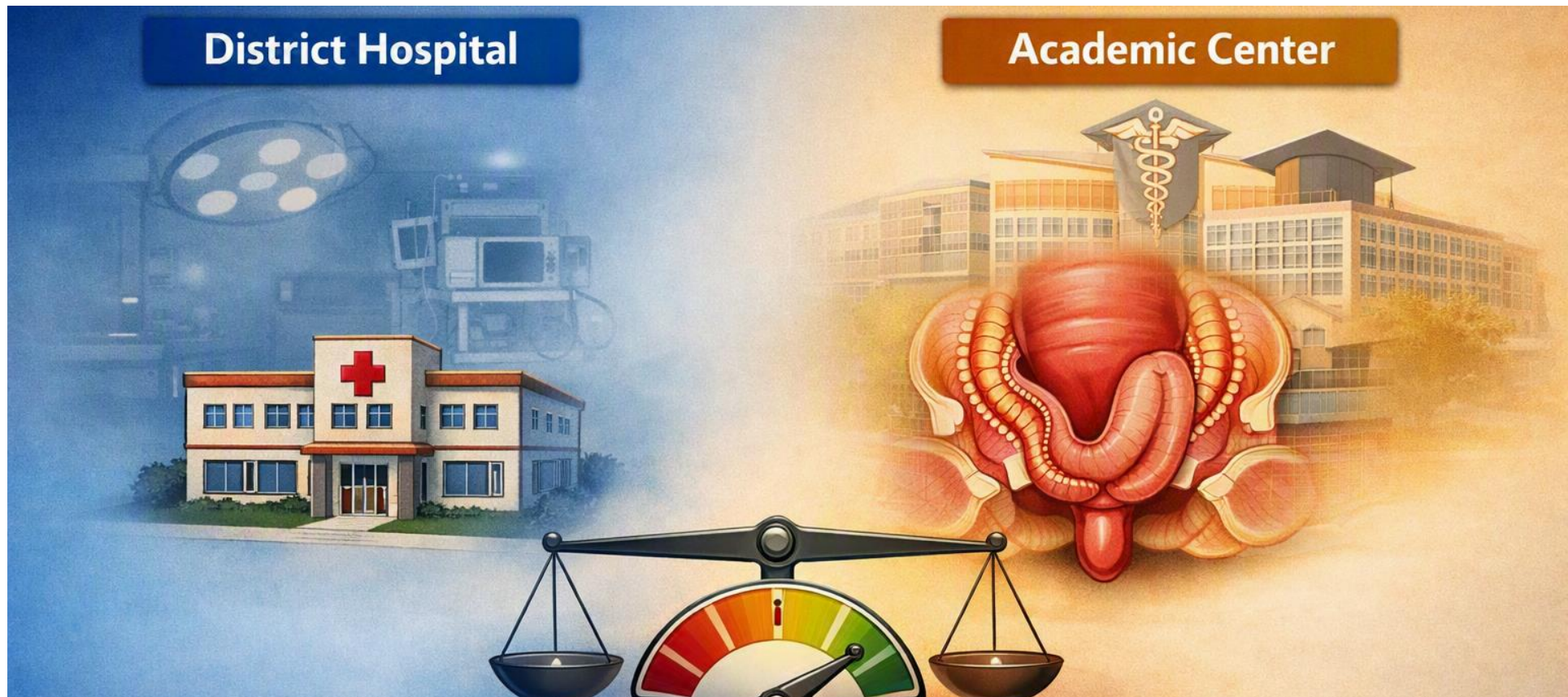
Surgical Shared
Decision-Making

Rectal dissection

3-stage, classical 2-stage or modified 2-stage



Reconstructive surgery after colectomy for UC with IPAA should be performed in **specialized** centers by **experienced** surgeons





Contemplation before surgery
Joe Wilder



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JOURNAL ARTICLE

ECCO consensus on management of inflammatory bowel disease in low- and middle-income countries

FREE

[Alaa El-Hussuna](#), [Almuthe Christina Hauer](#), [Tarkan Karakan](#), [Valerie Pittet](#), [Henit Yanai](#), [Jalpa Devi](#), [Jesus K Yamamoto-Furusho](#), [Ali Reza Sima](#), [Hailemichael Desalegn](#), [Mutaz Idrees Sultan](#), [Vishal Sharma](#), [Hany Shehab](#), [Lamya Mrabti](#), [Natalia Queiroz](#), [Anuraag Jena](#), [Andy Darma](#), [Karin Davidson](#), [Nicolas Avellaneda](#), [Muhammed Elhadi](#), [April Roslani](#), [Dakshitha Wickramasinghe](#), [Carlo Angelo Cajucom](#), [Shaji Sebastian](#)

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Abstract

Background

The incidence and prevalence of inflammatory bowel disease [IBD] have increased significantly in low- and middle-income countries [LMICs] in recent decades. Managing IBD in these settings presents substantial challenges. This consensus aims to describe the epidemiology of IBD in LMICs and to highlight the key challenges in its diagnosis and treatment.

Method

The consensus-defining strategy followed the previous European Crohn's and Colitis Organisation [ECCO] consensus guidelines [available at www.ecco-ibd.eu]. The authors reviewed the available evidence and formulated statements accordingly. Provisional ECCO statements and supporting text were drafted based on a comprehensive literature review and further refined through two voting rounds, which included external reviewers and national representatives from ECCO's 36 member countries. The final ECCO statements, representing a consensus of at least 80% agreement among participants, were approved during

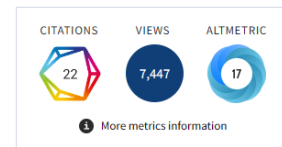
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For policy makers: Challenges and suggested solutions

- ❖ Insufficient awareness of IBD
- ❖ Limited availability of specialized care
- ❖ Lack of experts in histopathology, advanced imaging, endoscopy, and bowel ultrasound
- ❖ Lack of colonoscopy access for diagnosis and follow up of IBD
- ❖ Lack of specialized care and the absence of comprehensive treatment frameworks
- ❖ Enhanced Recovery After Surgery [ERAS] programs are rarely implemented in LMICs
- ❖ Surgical wound infections are the most frequent postoperative complication in LMICs

See the details of the challenges and suggested solutions in Table 1

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For healthcare providers: Practical points in management of IBD in LMICs

- ❖ Raising awareness about IBD among health care personnels
- ❖ Empiric treatment for common infections
- ❖ Use FC to select patients for colonoscopy
- ❖ Screening for active or latent TB
- ❖ Collaboration and referral networks
- ❖ Patient education and self-management
- ❖ Infection prevention and control
- ❖ Elective surgery should be the aim if possible
- ❖ Accurate measurement of resected and remaining bowel segments in IBD surgeries

See the practical points for healthcare providers, including primary care in Table 3

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Abstract

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For researchers: Suggested research to address gaps in knowledge

❖ Gaps in knowledge—Epidemiology

(Epidemiological data, Role of genetic variants, Dietary patterns, Environmental risk factors, Access to healthcare)

❖ Gaps in knowledge—Diagnosis of IBD

(Infections, including gastrointestinal infections, that can mimic IBD flares, Prevalence of different infection mimics in different LMICs by region, Real-world data on the impact of empiric antibiotic therapy, GITB, Impact of infectious aetiology mimicking IBD in LMICs)

❖ Gaps in knowledge—Medical treatment of IBD

(Limited high-quality studies on empirical antibiotics in IBD flares, especially in patients with mild-to moderate disease from LMICs, Limited high-quality studies on complementary and alternative medicine [CAM] for IBD treatment from LMICs, Role of various diet and dietary components in the management of IBD in LMIC settings, Effectiveness of standard vaccinations)

❖ Gaps in knowledge—Surgical treatment of IBD

(Outcomes of emergency versus elective IBD surgery, Outcomes of minimally invasive surgery, Management of refractory moderate-to-severe UC in LMICs, Enhanced Recovery After Surgery in LMICs, Management of perianal fistulae and outcomes in LMICs)



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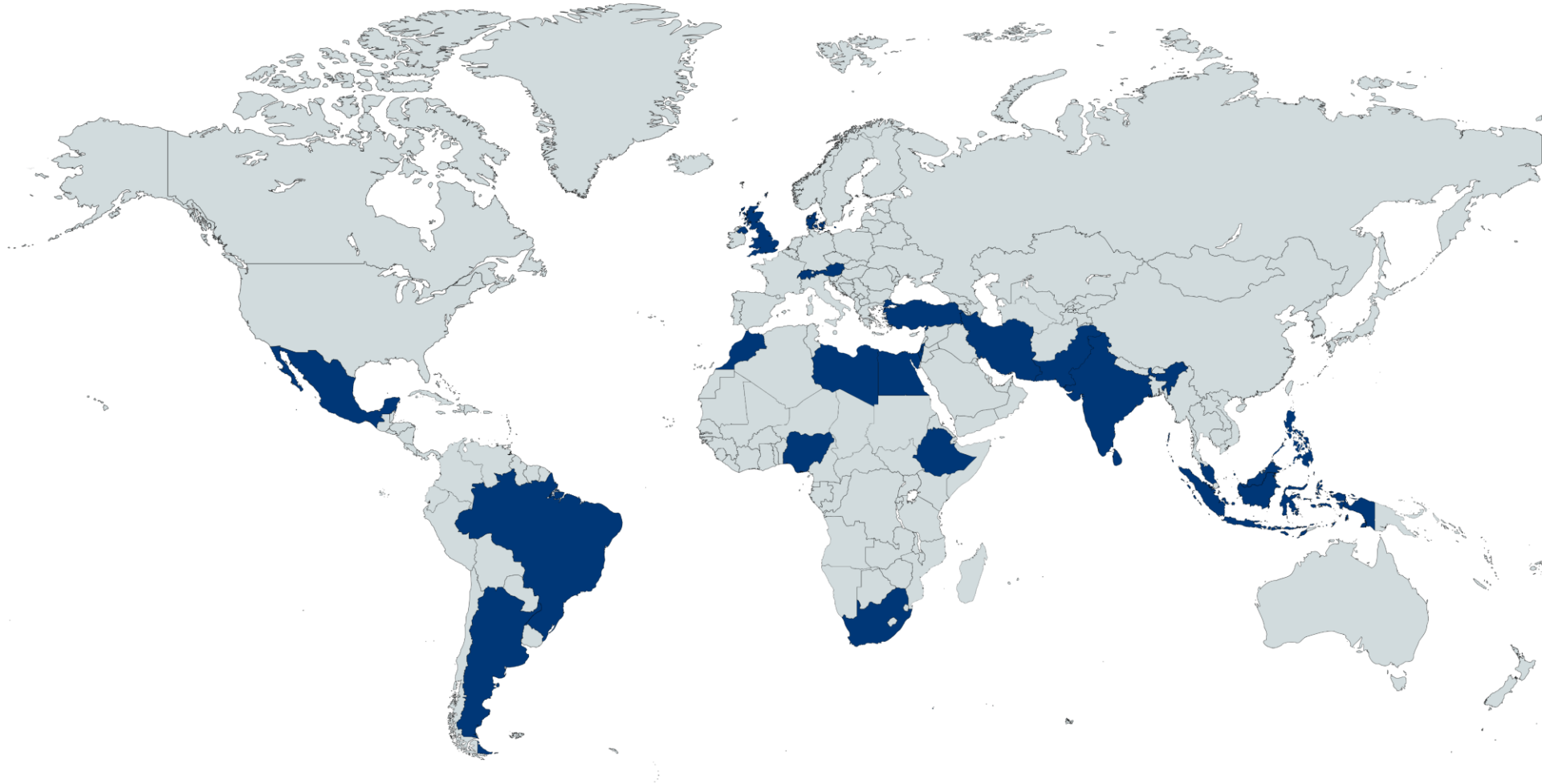
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Abstract

Background

The incidence and prevalence of inflammatory bowel disease (IBD) have increased significantly in low- and middle-income countries (LMICs) in recent decades. Managing IBD in these settings presents substantial challenges. This consensus aims to describe the epidemiology of IBD in LMICs and to highlight the key challenges in its diagnosis and treatment.



20 clinicians from LMICs selected (nurse and patient)



The “marathon” started in Stockholm February 2023

Epidemiological issues in LMICs

Jesús Kazuo Yamamoto-Furusho, Hailemichael Desalegn, Alireza Sima, Jalpa Devi (WG leader: Valerie Pittet)

- **Accelerating incidence** of IBD in regions where data is available 
- Mortality rates are influenced by **access to timely IBD treatment** (surgical & complications) 
- Incidence & prevalence of **opportunistic infections** are high in IBD patients from LMICs
There is a need to develop pharmacovigilance strategies to mitigate these risks 
- Financial and technical support to develop **IBD registries** in the LMICs can aid in understanding the IBD burden 

Challenges in **diagnosis** of IBD in LMICs

Mutaz Idrees Sultan, Hany Shehab, Vishal Sharma, Lamya Mrabti (WG leader: Henit Yani)

- **Infectious** etiologies that **mimic IBD** should be considered in the diagnosis of IBD in the LMICs



- **Infectious causes** should be considered for each disease **relapse** (stool PCR)



- There are several infectious diseases which can mimic IBD and their **histological features**



- **Endoscopic differentiation** of the infectious mimics of IBD in LMICs settings is challenging.
Improving access to and expertise in ileocolonoscopy is vital



Challenges in **medical** treat. of IBD in LMICs

Anuraag Jena, Andy Dharma, Karin Janet Davidson, Natalia Queiroz (WG leader: Tarkan Karakan)

- **Nonadherence to medication** is an underestimated problem in LMICs settings with important consequences 
- **Empiric antibiotics** during IBD flares in LMICs ? 
- **Dietary therapies** are a valid component of IBD management in LMICs settings but availability? Expertise? 
- **Complementary and alternative medication** (CAM) for IBD treatment is frequent in LMICs settings 

Challenges in **surgical** treat. of IBD in LMICs

Nicolas Avellaneda, Muhammed Elhadi, Roslani Roslani, Dakshitha Wickramasinghe, Carlo Angelo Cajucom
(WG leader: Christina Almuthe Hauer)

- Significant numbers of **abdominal operations** for IBD are being performed in an **emergency** setting 
- **Structured and standardized reporting** of the length of resected and remaining bowel segments during CD surgery is an issue 
- **Surgical site infection** was found to be the most frequent type of postoperative complication 
- Adoption of **Enhanced Recovery After Surgery** (ERAS) programs remains a challenge in LMICs 

Challenges in **surgical** treat. of IBD in LMICs

Nicolas Avellaneda, Muhammed Elhadi, Roslani Roslani, Dakshitha Wickramasinghe, Carlo Angelo Cajucom
(WG leader: Christina Almuthe Hauer)

- **Early surgical intervention** can improve outcomes in refractory moderate-to-severe **UC**
- **Endoanal US** is suggested as a cheaper alternative to pelvic MRI, but availability and expertise?
- **Sphincter-cutting techniques**, such as fistulectomy, fistulotomy and cutting seton are still widely used for complex perianal CD



Main challenges

- Education
- Access to diagnostic tools
- Access to medication



His/her name is **TODAY**

“Many of the things we need can wait”

The child cannot wait

Right now is the time his bones are being formed,
His blood is being made,
And his senses are being developed

To him we cannot answer 'tomorrow'

His name is **Today**”

