

## **SURGERY FOR AGGRESSIVE INFLAMMATORY BOWEL DISEASE ASSOCIATED WITH LIVER DYSFUNCTION**

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**Aim of the Study:** Inflammatory bowel disease (IBD) with associated liver disease (LD) may run a relatively benign clinical course. We highlight the role of surgery when disease progression is aggressive.

**Methods:** A retrospective study of patients with IBD and associated LD who underwent surgery (colectomy, liver transplant or both) was carried out (2006 to 2015). Details from electronic records and prospectively maintained departmental databases included; age at diagnosis, surgical interventions, bowel and liver histopathology and outcomes. Data are reported as median (ranges).

**Main Results:** 11 patients (9 m) underwent surgery for IBD with associated LD in the study period. The age at diagnosis was 12 (8 – 18) years for IBD and 11 (3 – 16) years for LD. The IBD diagnosis was ulcerative colitis (n=8), Crohn's (n=1) and indeterminate (n=2). In 6 patients (55%) the diagnosis of IBD was made after the onset of LD. The liver pathology was autoimmune sclerosing cholangitis (n=9), autoimmune hepatitis (n=1) and liver dysfunction related to IBD medications (n=1).

Interventions: Colectomy for disease progression despite intensive medical treatment [n=6 (55%)]. In this group LD remains stable at 24 (12 - 84) months follow up. Primary liver transplant [n= 4 (36%)] where LD deteriorated more rapidly than IBD. 3 (75%) had a diagnosis of LD before the onset of IBD symptoms. 2 transplanted patients died (multi-organ failure; metastatic sarcoma). The 2 survivors have stable IBD. Combined colectomy and liver transplant [n=1 (9%)] – well with stable function at 12 months follow up.

**Conclusions:** This is one of the largest series of children who underwent colectomy / liver transplant surgery for IBD and LD

- IBD and LD progression is variable and multi-disciplinary decision making is complex
- Survival in this series is 82%