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Should we set-up routine screening for primary sclerosing cholangitis in all IBD patients?

Guillaume Bouguen[1], M P Sparrow[2], Xavier Roblin[3]

1 CHU Rennes, Univ Rennes, INSERM, CIC1414, Institut NUMECAN (Nutrition Metabolisms and Cancer), F-35000 Rennes, France
2_Alfred Hospital and Monash University, Melbourne, Australia
3 CHU Saint-Etienne, Université de Saint-Etienne, Groupe Immunité des Muqueuses et Agents Pathogènes (GIMAP), F-42000 Saint-Etienne, France

Correspondence to:
Xavier Roblin
Service de Gastroentérologie et Hépatologie
Avenue Albert Raimond, 42270 Saint-Priest-en-Jarez
Telephone (0033)- 4 77 82 86 19
Email: xavier.roblin@chu-saint-etienne.Fr

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Primary sclerosing cholangitis (PSC) is an inflammatory stricturing bile duct disease, associated with inflammatory bowel disease (IBD) in up to 80% of cases. It is associated with serious hepatobiliary complications (cirrhosis, hepatocellular carcinoma, cholangiocarcinoma) and an increased risk of colorectal neoplasia, leading ultimately to an increased risk of mortality in patients with IBD and PSC. PSC is usually classified as classic (large duct) PSC with successive dilatation and stricturing of bile ducts, and small duct PSC in cases of normal Magnetic Resonance Cholangiography (MRC) with histopathology findings of PSC on liver biopsy (1-3). In this issue of Digestive and Liver Disease, Belle A. and colleagues report the experience of the Nancy IBD cohort regarding the prevalence of PSC (4). In this cohort, 233 IBD patients underwent MRC and were compared to 187 MRC findings of non-IBD patients. Patients were divided within the IBD group into two groups according to the presence or not of liver function test (LFT) abnormalities. The prevalence of PSC was 9.9% in the IBD cohort with LFT abnormalities, higher than found in the non-IBD cohort. Only one out of 30 (3.3%) patients without LFT abnormalities was diagnosed with PSC. Biochemically only an increase

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of gamma-glutamyl transferase (GGT) was independently associated with MRC findings of PSC.

Beside the selection bias and the unclear indication for MRC in all patients of the cohort, including controls, this study underlines the high frequency of PSC in IBD patients with abnormal LFT. In a recent Norwegian study, systematic MRC was performed in IBD patients to screen for PSC and 8.1% of patients (26/322) had associated PSC(5). A recent report at Digestive Disease Week 2018 based on a cohort of patients undergoing systematic liver biopsy during any IBD surgery detected an even higher PSC prevalence (16.5%); by using histological diagnostic criteria this also included small duct PSC(6). Of note, nearly half of these patients had normal LFTs, unlike the Nancy cohort. The natural history outcomes of small duct PSC without MRC abnormalities remain unclear in the current literature. While liver complications appear to be decreased, whether colorectal cancer risk is different between the small duct and classic PSC remains to be determined. Given the known serious natural history outcomes of PSC patients the question of whether all IBD patients should be systematically screened for PSC remains of interest. As underlined by Belle and colleagues, MRC should be performed in all cases of IBD patients with abnormal LFTs. Whether MRC should be performed in all IBD patients with normal LFTs remains questionable, although the results from this study would suggest that this is not necessary. In patients with confirmed PSC recommendations for radiological surveillance with MRC, or ultrasound for gallblabber lesions, also remain to be confirmed. From a luminal viewpoint there is a need to more

higher risks of colorectal neoplasia. This may potentially allow for further individualisation of colonoscopic surveillance recommendations for PSC patients; until such data are produced annual surveillance colonoscopies are recommended.

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REFERENCES

1 Weismüller TJ, Trivedi PJ, Bergquist A, Patient Age, Sex, and Inflammatory Bowel Disease Phenotype Associate With Course of Primary Sclerosing Cholangitis. 2017;152:1975 84.

2 Bambha K, Kim WR, Talwalkar J, Incidence, clinical spectrum, and outcomes of primary sclerosing cholangitis in a United States community. 2003;125:1364 9.

3 Fraga M, Fournier N, Safroneeva E, Primary sclerosing cholangitis in the Swiss Inflammatory Bowel Disease Cohort Study: prevalence, risk factors, and long-term follow-up. 2017;29:91 7.

4 Belle A, Laurent V, Pouillon et al. Systematic screening for primary sclerosing cholangitis with magnetic resonance cholangiography in inflammatory bowel disease, dig liv dis

5 Lunder AK, Hov JR, Borthne A, Prevalence of Sclerosing Cholangitis Detected by Magnetic Resonance Cholangiography in Patients With Long-term Inflammatory Bowel Disease. 2016;151:660 9.

6 Miard C, Desfourneaux V, Houssel-Debry P, et al. Usefulness of Systematic Liver Biopsy During a Surgery for Inflammatory Bowel Disease for the Diagnosis of Primary Sclerosing Cholangitis Gastroenterology 2018 :154 ; S20

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