Granulocyte and monocyte apheresis: Therapy options for patients with de novo ulcerative colitis developing after orthotopic liver transplantation

Immunosuppressants such as tacrolimus and cyclosporine are examples of drugs prescribed after orthotopic liver transplantation (OLT) to prevent rejection of the transplant. Although these immunosuppressants are known for their effectiveness in controlling ulcerative colitis, it is observed in some post-OLT patients that an exacerbation of preexisting ulcerative colitis occurs or a de novo ulcerative colitis condition develops. This form of inflammatory intestinal disease can usually be well treated with aminosalicylates and corticosteroids, but in some patients the disease is not controllable and a colectomy is then unavoidable.

In a recent article in the journal "Transplantation Proceedings", scientists at the Graduate School of Medicine, The University of Tokyo, Japan, report about a successful form of treatment on an entirely different basis in a patient who developed a de novo ulcerative colitis following an OLT for the treatment of liver cirrhosis and hepatocellular carcinoma associated with hepatitis B virus (HBV) infection. The HBV infection made it impossible to increase the corticosteroid dose or to use other immunosuppressants such as azathioprine or infliximab. The attending physicians therefore decided to conduct a granulocyte and monocyte apheresis. This course of treatment was highly effective and induced the remission of the de novo ulcerative colitis. No adverse events were noted.