Meetings International

J Liver Disease Transplant 2018, Volume:7
DOI: 10.4172/2325-9612-C2-015

3rd International Meeting on
NURSING RESEARCH AND EVIDENCE BASED PRACTICE
&
International Conference On
DIGESTIVE DISEASE
November 28-29, 2018 | Madrid, Spain

Fecal microbiota transplantation is a rescue treatment modality for refractory ulcerative colitis

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Background: Fecal microbial transplantation (FMT) provides to replace beneficial bacteria with more favorable microbiomes in recipient with dysbiosis. The aim of the present study was to prospectively investigate the efficacy of FMT by assessing the clinical and endoscopic response in patients with ulcerative colitis (UC) who had failed anti-inflammatory, immunosuppressive and TNF-α inhibitors (Infliximab, Adalimumab) and therapy.

Methods: In this prospective and uncontrolled study, 79 patients with UC were included. All medications except mesalazine were stopped 1 weeks before FMT. Colonoscopy was performed both before and after FMT. To assess the efficacy of FMT, Mayo scores were calculated at week 0 and week 24. A total of 500 ml extracted fresh fecal suspension was administered into the 30 to 40 cm proximal of terminal ileum of recipients.

Results: After 3 years of FMT experience with 79 patients who have completed their 6 months on UC and different 184 FMT, 31 of the (39.2%)79 patients showed clinical response (100% clinical + labaratory + fully responded endoscopically), and 23 of the 79 (29.1%) patients achieved clinical and endoscopic remission (labarotory 70%, clinically and endoscopically 50-75% improvement) at the week 24. 20 patients (25.3%) were accepted as a nonresponder at the end of the week 24 and 5 patients (6.3%) leaved the research. There was no significant difference among donors concerning both the rate of clinical remission and clinical response. No adverse events were observed in the majority of patients during FMT and 24 weeks follow-up. 25 patients (31.65%) experienced mild adverse events such as nausea, vomiting, abdominal pain, diarrhea, and fewer after FMT.

Conclusıon: FMT could be considered as a promising rescue treatment modality before surgery in patients with refractory UC. Besides, although the long-term results are unknown, FMT also appears to be definitely safer and more tolerable than the immunosuppressive and TNF-α inhibitors (Infliximab, Adalimumab) therapy in patients with UC.

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