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DYNAMICS OF INFLAMMATORY MARKERS AND ENDOSCOPIC ACTIVITY
UNDER PLASMAPHERESIS IN COMPLICATED ULCERATIVE COLITIS

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Relevance. Objective monitoring of inflammatory activity is essential for evaluating the efficacy of treatment in complicated ulcerative colitis. The effect of plasmapheresis on non-specific inflammatory markers and on endoscopic mucosal healing, in comparison with standard therapy, requires evidence-based assessment.

Material and methods. In 51 patients of the main group (standard therapy plus a plasmapheresis course) and 55 patients of the control group (standard therapy), the leukocyte count, erythrocyte sedimentation rate and C-reactive protein level, together with endoscopic activity, were assessed on admission and on days 8 and 20 of treatment.

Results and discussion. In severe ulcerative colitis, C-reactive protein fell by day 20 from 46.48 ± 13.67 to 3.41 ± 1.3 mg/L in the main group versus 19.85 ± 3.72 mg/L in the control group, and the erythrocyte sedimentation rate from 42.36 ± 10.13 to 7.64 ± 2.69 mm/h versus 19.06 ± 3.37 mm/h ($p < 0.05$). A transient rise in leukocytes after the first two sessions reflected the release of young, non-sensitized leukocytes, followed by normalization in the main group. Endoscopic remission was achieved in 66.6% of the main group versus 40% of the control group.

Conclusion. Plasmapheresis produces faster and more complete normalization of inflammatory markers and more frequent endoscopic mucosal healing than standard medical therapy, confirming its value in the complex treatment of complicated ulcerative colitis.