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REDUCTION OF HORMONAL AND CYTOSTATIC THERAPY
COMPLICATIONS WITH PLASMAPHERESIS-BASED TREATMENT OF
ULCERATIVE COLITIS

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Relevance. Long-term high-dose glucocorticosteroid and cytostatic therapy of steroid-dependent and steroid-resistant ulcerative colitis is associated with serious adverse effects, including Cushing's syndrome, osteoporosis, leukopenia and thrombocytopenia. Reducing the drug load while maintaining efficacy is an important clinical task.

Material and methods. Adverse effects of treatment were compared between a main group of 51 patients, in whom a plasmapheresis course allowed lower doses of glucocorticosteroids and cytostatics, and a control group of 55 patients receiving high-dose standard drug therapy.

Results and discussion. Owing to its extracorporeal anti-inflammatory and detoxifying effect, plasmapheresis markedly reduced the need for glucocorticosteroids and cytostatics: only 17 patients (33.3%) required continued prednisolone at 20–30 mg/day, which was 2–3 times lower than in the control group. Adverse effects were correspondingly less frequent in the main group (nausea and dizziness in 9.8%, mild hypotension in 7.8%) than in the control group, where dyspepsia occurred in 78.1%, headache in 58.2%, hypertension in 23.6% and leukopenia in 5.4% of patients.

Conclusion. Plasmapheresis-based treatment of ulcerative colitis significantly reduces the required doses of glucocorticosteroids and cytostatics and the frequency of their complications, improving the safety of therapy in patients with steroid-dependent and steroid-resistant forms.

