Karyn was diagnosed with Crohn’s disease in 2006. She was terribly ill, losing more than 40 pounds, developing large blood clots in both legs, and not responding well to steroids. In the summer of 2007, she came to the University of Michigan for a second opinion with Dr. Peter Higgins who became her gastroenterologist. She had a tightly narrowed section of her small intestine that Dr. Higgins hoped would respond to a new medicine, but he told her that that section would probably need surgical removal eventually.

Dr. Ahmed took Karyn as her first patient that Monday morning. After a quick assessment of the seriousness of Karyn’s condition, Dr. Ahmed called M-LINE to connect with Dr. Peter Higgins and discuss what to do next. Dr. Higgins explained that Karyn had either a complete intestinal blockage or a perforated bowel. In either case, she needed to go to the University of Michigan emergency room right away.

Karyn was rapidly diagnosed with an intestinal perforation, and required a four-hour surgery to remove part of her intestine. Her surgeon, Dr. Diane Simoneau, later told Karyn that when she opened her up it looked like a bomb had detonated inside her body. After her surgery, Karyn spent a week recovering in the hospital and then went home with an ostomy bag. This past May, Dr. Simoneau performed an ostomy reversal and Karyn has been doing great ever since. She has continued on her maintenance medication, returned to school, and stayed completely off steroids. “I love U-M. They saved my life. If I hadn’t gone there, I would be dead by now. They are amazing. They really are.”

Dr. Ahmed agrees with her patient, “Everything with Karyn’s surgery was so well arranged. The communication between myself, Dr. Higgins, and the surgeon was very good. They took good care of her at U-M, and now she is back to her normal self.”

Dr. Ahmed continues, “When I have difficult patients, I like to call M-LINE to get in touch with the specialists I need. Whether it’s related to the spine, cardiology, neurology, or as in Karyn’s case, gastroenterology, I never hesitate to call M-LINE to help me find a physician in that specialty.”

The M-Line phone number is 1-800-962-3555.
This allows us to track genetic markers of IBD without fear of bringing harm to our patients, and allows us to study... to the patients without the NOD2 gene.

However, having the NOD2 gene, or other IBD associated genes, is no guarantee that someone will get IBD. In fact, most patients with these susceptibility genes will never develop IBD. It appears that in addition to genetic risk factors, patients need additional “hits” to develop IBD. These might include infections of the GI tract, use of medications that cause ulcers in the intestines (including NSAIDs, naproxen, etc.), and use of antibiotics that alter the intestinal bacteria.

Until recently, it was considered a bit risky to perform genetic testing for IBD susceptibility genes and to place the results in the medical record. There was concern that this might increase healthcare costs or even result in higher insurance rates. More recently, the rates of insurance premiums, or even deny coverage to patients who had genetic markers for complicated IBD like NOD2.

Dr. Fernando Velayos
UCSF
September 15th

Dr. Bruce Sands
Massachusetts General Hospital
March 10th

Dr. Ann Lowry
University of Minnesota
April 28th

Dr. Maria Abreu
University of Miami
July 28th

Dr. Jean-Fred Colombel
University of Lille, France
Coming next year: Maatja
Dubinski from Cedars-
Sinai in Los Angeles, David
Dubinski from the University of Pittsburgh, Robin McLeod
from Mount Sinai in Toronto,
Steven Richardson from Mount Sinai in New York

One of the largest advances in our understanding of IBD in the past 10 years has been from studies in the genetics of IBD. It is estimated that about half of the causation of Crohn’s disease can be attributed to genetics, while ulcerative colitis is approximately 10% heritable. Certain genes, like NOD2, have been associated with more small intestinal Crohn’s, with more strictureing and more fistula formation, compared to Crohn’s patients without the NOD2 gene.

This is the focus of the ongoing IBD Databank Study underway at the University of Michigan, directed by Dr. Ellen Zimmermann. This study enrolls people with IBD and their unaffected relatives, and gathers information on genetics, environmental exposures, treatments for IBD, clinical severity of IBD, blood and stool markers of inflammation, and biopsies, and follows subjects over time. The goals of the study are to better understand (1) the causes of why certain people get IBD, (2) whether we can use data from blood, stool, biopsies, or genes to predict the disease course of IBD, and (3) whether we can use this data to predict which therapy will be most effective for particular patients.

Study Coordinator: Andrace at 615-0507.

Dr. David Binion
from Mount Sinai in New York

- Opportunistic infections – of 192 consecutive IBD patients in one study who were all tested for C difficile bacterial infection and cytomegalovirus infection, 19% had an infection that contributed to their symptoms. People with IBD appear to be more likely to develop intestinal infections, which can act a lot like an IBD flare.

- Crohn’s patients who did not have strictures or fistulas who were started on azathioprine (imuran, 6MP) were 8.6 fold less likely to need surgery by 9 years when compared to patients not on immunomodulators. Starting immunomunomodulators before complications develop appears to reduce surgical complications.

For patients with relatively new Crohn’s disease (< 2 years), with active inflammation (high C-reactive protein, CRP, ulcers on colonoscopy), the combination of infliximab and immunomodulators for the first 6 months works better than either medication alone. Longer-term data are being collected.

New on the Website
Look for regular updates of content on the University of Michigan Crohn’s and Colitis Program website http://www.med.umich.edu/ibd/. New this quarter, we have a video lecture on IBD for medical students by Dr. Ellen Zimmermann.

We also have posted the video webcasts of presentations at the 2008 CCFE national meeting, by Dr. Peter Higgins, Dr. Akbar Walper, and Dr. Dubhla Ason.

In addition, we have recently video webcasts of lectures from our IBD visiting professors. From the University of Manitoba, Dr. Charles Bernstein on “The Burden and Pathogenesis of IBD,” and from Massachusetts General Hospital, Dr. Bruce Sands on “Inflammatory Bowel Disease: Treatments, Strategies, and a Way Forward.”

We also have archived pdfs of past issues of this newsletter. Check them out!