



Efficacy and safety of leukocytapheresis adsorber device LA25: experience with 10 patients.

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Background

Inflammatory Bowel Diseases, are chronic inflammatory disorders, impairing both digestive function and patient quality of life. Therapeutic strategies are essentially based on immunosuppressive and anti-inflammatory drugs. Moreover, LA25 apheresis (Leukocyte Adsorber 25) is an effective and safe method for IBD patients in whom conventional therapy is ineffective, poorly tolerated, or contraindicated, but long-term follow-up data are still not available.

Methods

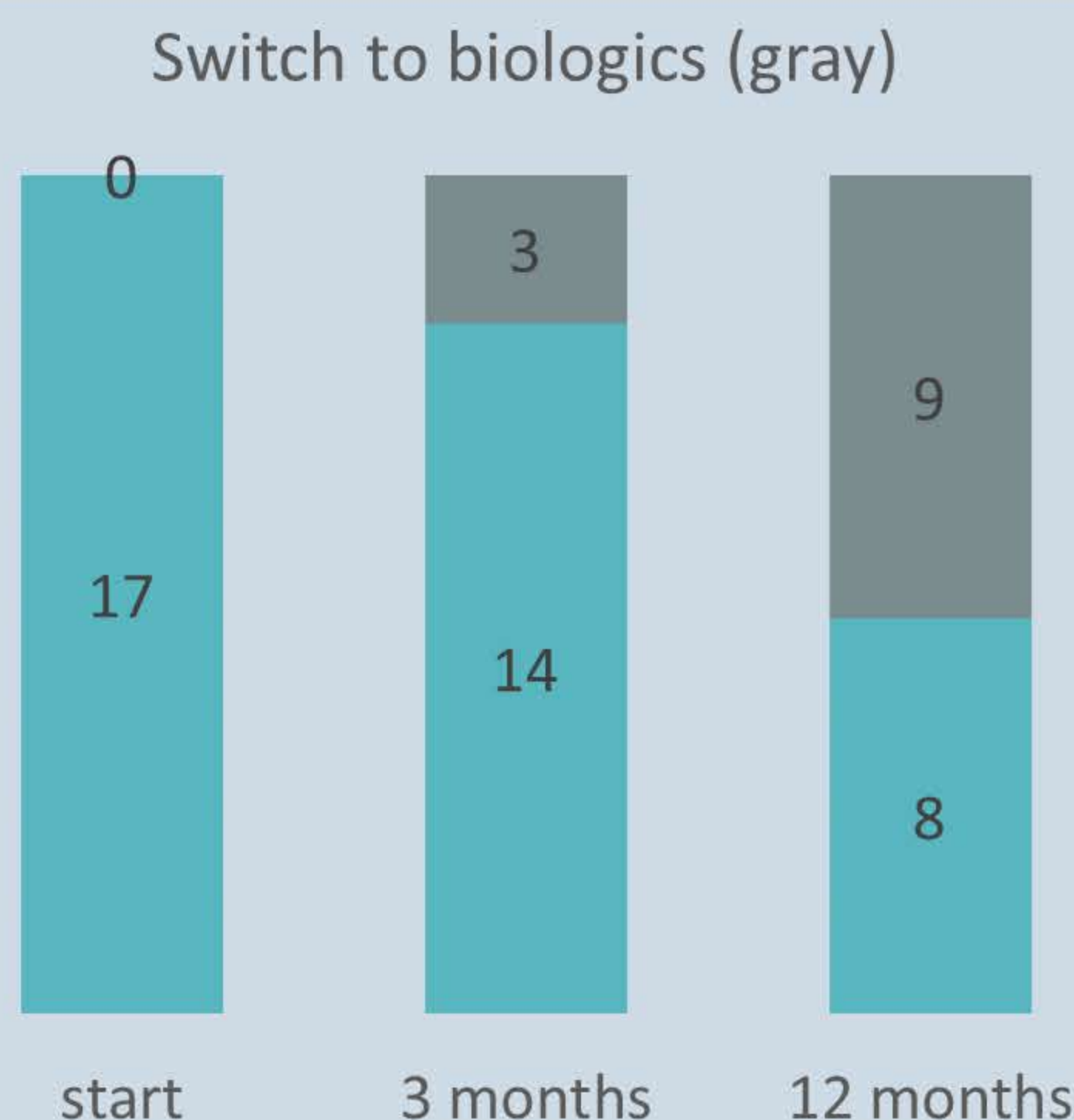
Patients (n)	17
Male/Female	7/10
Crohn/UC	2/15
Average age (yrs)	48,5
Pts excluded	7 (additional)
Follow-up (months)	3 + 12
Indication	Bridge therapy: 1 Active disease: 9 Refractory disease: 5 Oncological comorbidities:2
Concomitant medications	Mesalamine: 9 Steroids:7 Thiopurines: 2

Therapeutic protocol:

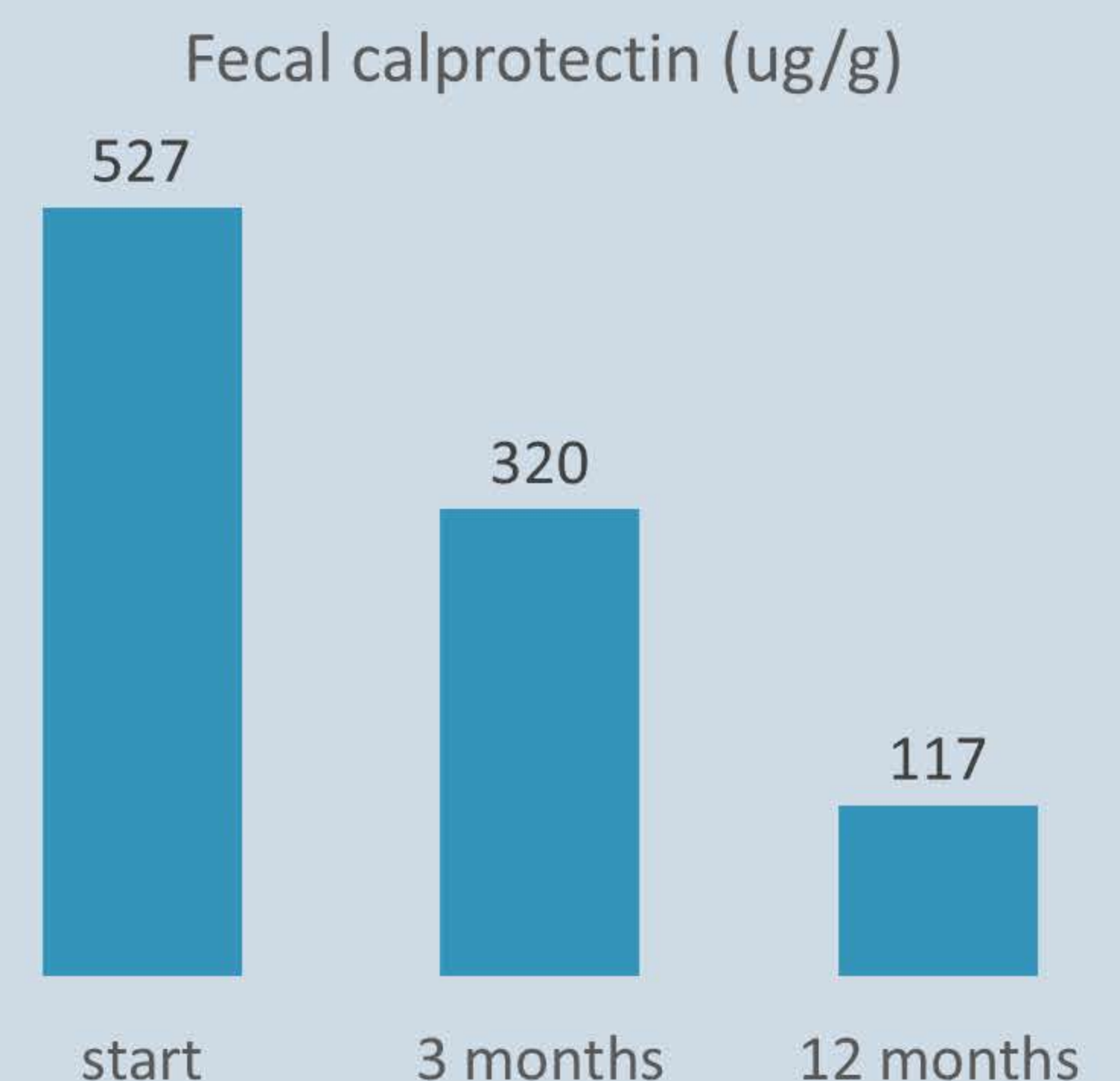
All patients received 5 weekly apheresis session using LA25, each one at 30 mL/min flow rate for 60 min, with a final volume of 1.8 L of peripheral venous blood processed per session.

10 patients received 1 monthly maintenance apheresis.

Results



Mayo score varied from 4,9 to 2,5 (3 m) and 3,4 (12 m). Average Blood parameters levels did not changed. After 12 month, 7 patients achieved an improvement of endoscopic activity, all patients withdrew steroids. There were no adverse side effects.



Conclusion

Leukocytapheresis using LA25 is safe and effective in terms of clinical and endoscopic response in IBD patients, also in the maintenance protocols. Due to its safety profile, it can be indicated in patients with high risk of complications using standard therapy or biologics.