Rifaximin for Inflammatory Bowel Disease

Mario Guslandi

Published online: 30 April 2010
© Springer Science+Business Media, LLC 2010

I read with great interest the paper by Shafran and Burgunder [1] and the Editorial comment by Day and Geary [2] about the efficacy of rifaximin in inducing and maintaining remission in patients with Crohn's disease.

As discussed by the authors, the beneficial role of rifaximin in this setting supports the view that the intestinal flora plays a pivotal role in the pathophysiology of Crohn's disease. This concept, however, applies as well to ulcerative colitis [3, 4].

The possible therapeutic effect of rifaximin in the treatment of ulcerative colitis has received scarce attention so far, but I would like to report our pilot experiences in this area [5–7].

In 30 patients with a history of steroid intolerance, experiencing a mild to moderate clinical flare-up of ulcerative colitis while on maintenance treatment with mesalamine 2.4 g daily, rifaximin 400 mg b.i.d. was added for 4 weeks. At the end of the treatment period, clinical remission was obtained in 76.6% of cases [6].

More recently, a selected group of six patients with left-sided ulcerative colitis, intolerant to mesalamine and unwilling to undertake immunosuppressive therapy, was allocated to a maintenance treatment with a combination of *Saccharomyces boulardii* 500 mg in the morning plus rifaximin 400 mg in the evening. At 3 months, all subjects were still in remission [7].

Four patients who continued the above treatment schedule for a further period were still in remission at 6 months (data on file).

Our preliminary data, which obviously need to be confirmed by controlled studies on a larger number of patients, suggest that manipulating the gut microbiota by means of a non-absorbable antibiotic such as rifaximin can have a beneficial effect in the pharmacological treatment of inflammatory bowel disease, including ulcerative colitis.

References

1. Shafran I, Burgunder P. Adjunctive antibiotic therapy with rifaximin may help reduce Crohn's disease activity. *Dig Dis Sci*. 2010;55:1079–1084.
2. Day AS, Geary RB. Rifaximin and Crohn's disease: a new solution to an old problem? *Dig Dis Sci*. 2010;55:877–879.
3. Swidsinski A, Ladhoff A, Pernthaler A, et al. Mucosal flora in inflammatory bowel disease. *Gastroenterology*. 2002;122:44–54.
4. Tamboli CP, Neut C, Desreumeaux P, Colombel JF. Dysbiosis in inflammatory bowel disease. *Gut*. 2004;53:1–4.
5. Guslandi M, Giollo P, Testoni PA. Corticosteroid-sparing effect of rifaximin, a nonabsorbable oral antibiotic, in active ulcerative colitis: preliminary clinical experience. *Curr Ther Res*. 2004;65:292–296.
6. Guslandi M, Petrone MC, Testoni PA. Rifaximin for active ulcerative colitis. *Inflamm Bowel Dis*. 2006;12:335.
7. Guslandi M. *Saccharomyces boulardii* plus rifaximin in mesalamine-intolerant ulcerative colitis. *J Clin Gastroenterol* (in press).

M. Guslandi (✉)
Gastroenterology Unit, S. Raffaele University Hospital,
Milan, Italy
e-mail: guslandi.mario@hsr.it