



# Acute severe ulcerative colitis: management advice for internal medicine and emergency physicians—comment

Jayendra Shukla<sup>1</sup> · Anuraag Jena<sup>1</sup> · Vishal Sharma<sup>1</sup>

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Dear Editor

We have read with keen interest the recent thorough recent review by Rosiou et al. [1], regarding the management of acute severe ulcerative colitis (ASUC). We have certain comments concerning the use of cyclosporine for steroid-refractory ASUC. The authors correctly point to the potential risk of neurotoxicity. They suggest that the drug should be avoided in patients with cholesterol (< 115 mg/dl) and hypomagnesemia (< 1.4 mg/dl). Since only two agents, cyclosporine and infliximab, are currently standards of treatment in steroid refractory ASUC it is important not to deny the benefit of these drugs to eligible patients. In particular, cyclosporine is a cheap drug which can be used in most resource-constrained setting and therefore such recommendations should be based on evidence [2]. While hypomagnesemia is easily correctable, the correction of cholesterol levels is difficult and could potentially make a substantial group ineligible due to underlying malnutrition in these patients. If we closely look at the evidence, the risk of seizures has been noted with higher doses (4 mg/kg) [3]. The purported mechanism of cyclosporine-mediated neurotoxicity is related to higher free serum levels of this lipophilic drug in patients with low cholesterol levels and most reports are from setting of organ transplant where higher doses have been used [4]. We have been using the drug for induction of remission in steroid-refractory ASUC even in patients with lower cholesterol levels. Further, the traditional recommendation of not using cyclosporine in patients who are thiopurine refractory needs reconsideration. This is because newer therapies which may be not useful for induction of remission could still be used in the maintenance of remission. A bridge of calcineurin inhibitors to induce remission followed by vedolizumab maintenance has been reported

and may be of value in certain situations where patients are not eligible for infliximab [5].

Evidence, not fear, should guide the use of cyclosporine in steroid refractory ASUC.

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## Declarations

**Conflict of interest** The author(s) declare that they have no conflict of interest.

**Statements on human and animal rights** The paper did not involve any human or animal research.

## References

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✉ Vishal Sharma  
sharma.vishal@pgimer.edu.in

<sup>1</sup> Department of Gastroenterology, Postgraduate Institute of Medical Education and Research, Chandigarh, India

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