Completing the Picture in Egypt: Response to "Inflammatory Bowel Diseases in Egypt During the COVID-19 Pandemic"

Key Words: COVID-19, ustekinumab, tofacitinib, vedoluzimab

To the Editors,

We read with great interest the editorial entitled "Inflammatory Bowel Diseases in Egypt During the COVID-19 Pandemic." It emphasized the challenges that we have encountered to follow up with patients with inflammatory bowel disease (IBD) during the pandemic. Using telemedicine to follow up with patients is challenging. Most IBD centers did not initially have the experience to apply remote medicine in real practice.¹ Fortunately, our expertise in managing IBD during the pandemic has been promising² and preferred by most patients over the traditional model of care.

During the pandemic peak, 10 critical patients with active disease were referred to our center (Crohn's and Colitis Egypt): 6 had ulcerative colitis (UC) and 4 had Crohn disease (CD). Patients with increased disease activity did not fear biologics during the pandemic, in contrast to the findings of Khan et al,³ which should be highlighted. We ensured treatment adherence by educating patients with proper health protocols before initiating biologics and by contacting them regularly.

Of the patients with UC, 3 lost response to anti-tumor necrosis factor drugs: 2 patients who were biologicnaïve became steroid-resistant, and the last patient was a pregnant woman in her third trimester who had not received treatment for UC since the pregnancy began and presented with recurrent attacks of nonbloody diarrhea, markedly elevated C-reactive protein, and mildly elevated calprotectin. We suspected COVID-19 and eventually confirmed infection according to reverse-transcription polymerase chain reaction; upon this diagnosis, she was isolated and treated accordingly. Her gastrointestinal symptoms improved upon discharge, and her previous medications were reinitiated after delivery with control of symptoms.

Of the patients with CD, 2 were biologic-naïve and 2 lost response to anti-tumor necrosis factor drugs. Of them, one young boy suffered from thalassemia; his CD had to be aggressively controlled to avoid further anemia. Another young boy had a history of terminal ileal resection with ileocolonic anastomosis and needed surgery for evacuating a large abdominal abscess.

The statement of the International Organization for the Study of Inflammatory Bowel Diseases ensured the safety of all biologics during the pandemic, and that permitted us to start the inductions courageously.⁴ For the 9 patients who were prescribed biologics, 5 patients started ustekinumab (4 with CD and 1 with UC), 3 started tofacitinib (UC), and 1 started vedolizumab (UC). No adverse events have been reported after initiating biologic medication in our practice during the pandemic. All 10 of our critical patients are now in remission, and the pregnant woman delivered a beautiful baby girl.

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