

EFFICIENCY COMPARISON OF TOFACITINIB AND BUDESONID IN TREATMENT OF NONSPECIFIC ULCERATIVE COLITIS

Andriy M. Bratasiuk, Antonina I. Niroda

STATE HIGHER EDUCATION ESTABLISHMENT "UZHGOROD NATIONAL UNIVERSITY", FACULTY OF POSTGRADUATE EDUCATION AND PRE-UNIVERSITY TRAINING, DEPARTMENT OF THERAPY AND FAMILY MEDICINE, UZHGOROD, UKRAINE

Introduction: A constant interest to explore NUC is caused by the global trend showing a rise in colitis morbidity rate. According to a series of epidemiological studies, the highest incidence of NUC occurs in young age groups, which leads to significant loss of working capacity and high level of incapacitation. One of the leading roles in the pathogenesis of this disease is reportedly played by immunogenetic theory. To date, the main practical technique of NUC diagnostics is colonoscopy. To assess the activity level, the Mayo score is used most frequently. The aim of NUC treatment is to achieve and maintain remission as well as improve the patients' life quality. One of the main achievements of contemporary gastroenterology is practical introduction of such high-performance preparations as mononuclear antibodies to TNF- α .

Aim: To compare the impact of tofacitinib and budesonid on the mucous membrane of NUC patients.

Material and methods: Over the past two years 498 colonoscopic surveys have been performed at the Therapeutics Department of Uzhgorod Central Rayon Hospital, of which 16 patients have been chosen. Depending upon the treatment obtained, all the patients were divided into two groups: Group I – patients that were taking tofacitinib in constant doses of 10 mg/day; Group II – patients that were taking budesonid in doses of 9 mg/day. The Mayo score was used to assess the level of inflammation activity.

Results: By morbidity occurrence, proctosigmoiditis was diagnosed in 5 (31.25%), sinistral colitis in 7 (43.75%), and total colitis in 4 (25.00%) patients. The values of the integrative Mayo index at the moment of primary examination were 8.89 ± 1.17 and 8.29 ± 1.11 in Groups I and II, correspondingly. The treatment with budesonid led to a 15.56% decline in inflammation activity, equaling to 7.00 ± 1.15 points of the Mayo score. In response to the treatment with tofacitinib the value went down by 59.96%, equaling to 3.56 ± 1.13 points of the Mayo score, which was reliably lower as compared with Group II ($p < 0.05$).

Conclusions: The use of tofacitinib was observed to result in a reliably better curative effect as compared with budesonid, which fact was verified endoscopically.

KEY WORDS: nonspecific ulcerative colitis (NUC), activity of inflammation, Mayo score, treatment efficiency.