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Background: Previous studies reported conflicting results regarding outcome of hospitalised patients with inflammatory bowel disease (IBD) and concomitant *Clostridium difficile* infection (CDI). The aim of this study was to assess the outcome of IBD hospitalised patients with CDI compared with those without CDI.

Methods: All IBD patients with and without CDI hospitalised in a single tertiary centre from January 1, 2011 through June 30, 2016 were identified and demographics, admission type (urgent vs. elective), length of hospital stay (LOS), surgery, and mortality were carefully recorded. Outcome of IBD patients with CDI was compared with that of patients without CDI.

Results: There were 329 patients with IBD, median age 44 years (range: 19–81 years), most males (58.9%), predominantly with ulcerative colitis (69.3%). Out of them, 48 (14.5%) developed CDI: median age 46 years (range: 19–75 years), most males (66.6%), 35 (72.9%) patients with ulcerative colitis. IBD patients with CDI had a significant longer LOS compared with those without CDI (11.1 ± 5.8 vs. 8.3 ± 5.3 days, $p = 0.001$). There were no differences in colectomy or mortality rates between the two study groups.

Conclusions: Despite contrasting results reported by several studies, IBD patients with concomitant CDI have short-term outcomes similar to IBD patients without CDI, except for a longer LOS. No significant differences in colectomy or mortality rates were found between IBD patients with and without CDI.

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Crohn's disease and self-monitoring through a mobile App: The Medicrohn study

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Background: Mobile Applications represent a promising tool to facilitate self-management as a new model of health care delivery for IBD. The MediCrohn study was designed to evaluate the diagnostic performance of the Harvey–Bradshaw index (HBI) self-administered by Crohn disease (CD) patients through a Mobile App, compared with the original HBI questionnaire assessed by the gastroenterologist in the clinic (reference).

Methods: The study was a multicentre, prospective study, including CD patients, aged 18+, with diagnosis for >6 months and familiar with new technologies who were followed-up during 4 months.

Patients completed the HBI through a mobile app at months 1 and 4, and thereafter, it was completed in-clinic by physicians who was blinded for the patients' responses. We assessed agreement between patient and physician HBI with the Cohen's kappa, intraclass correlation coefficients (ICCs), and Bland–Altman plot. HBI < 5 was considered as inactive disease.

Results: We included 219 patients (mean age: 36 ± 8 years, 53% women). Percentage of global agreement between clinician and patient assessment, both evaluating CD as active or in remission was 92.4%. Only in 8% of the cases, the patient classified CD as active, whereas the physician evaluated it as inactive and the 94% of the patients on remission were classified correctly through the App. Correlation of the changes in CD activity from month 1 to month 4 was available for 166 pairs of questionnaires. According to patients' evaluation, CD was considered stable in 93 cases (56%), whereas physicians categorised CD as stable in 99 cases (59.6%). Percentage of agreement in the change in disease activity from month 1 to month 4 was 72%.

Patient	Clinician			Total
	Worsening	Stability	Improvement	
Worsening	13 (7.8%)	11 (6.6%)	0 (0%)	24 (14.5%)
Stability	10 (6%)	73 (44%)	10 (6%)	93 (56%)
Improvement	2 (1.2%)	15 (9%)	32 (19.3%)	49 (29.5%)
Total	25 (15.1%)	99 (59.6%)	42 (25.3%)	166 (100%)

Conclusions: Self-administration of the HBI by patients with CD via a mobile app resulted in a high percentage of agreement with the in-clinic gastroenterologist evaluation, with high sensitivity, specificity and positive predictive value for assessment of disease activity. Results of the MediCrohn study encourage the use of this mobile app as a support for the involvement of patients in the management of their disease. Future studies will help to define its precise role in clinical practice.

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Serum albumin and C-reactive protein week 2/ week 0 ratio after anti-TNF therapy best predict both short- and long-term clinical outcomes in anti-TNF-naïve ulcerative colitis patients

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Background: The aim of this study was to investigate the predictors of short- and long-term clinical response to the first anti-TNF therapy in moderate to severe ulcerative colitis (UC) patients who were naïve to anti-TNFs.

Methods: A total of 218 UC patients who were treated with infliximab ($n = 188$) or adalimumab ($n = 30$) between December 2006 and November 2016 in Asan Medical Center, Korea (male, 61.5%, median age at diagnosis of UC, 36.5 years old [range, 14.3–71.5], and median duration of follow-up, 27.6 months [range, 0.92–82.3]) were retrospectively analysed.