

**To the Editor (Preliminary Report)**  
**The Effect of Interferon alfa-2a on Clinical and Endoscopical findings in Chronic Active Ulcerative Colitis**

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**Özet**

*Bu çalışmada 2-10 yıldan beri kanlı ishal ve karın ağrısı yakınması olan, klasik tedaviye cevap vermeyen ve sıklıkla gösteren 12 vakada interferon alfa-2a'nın klinik ve endoskopik bulgular üzerindeki etkisi araştırıldı. Vakaların %80'ninde bir ay içinde remisyona sağlanmış olup tedavi süresince ve tedavi kesildikten sonra 6 ay süre ile izlenen hastalarda nüks görülmedi. İlaça ait ateş ve baş ağrısı dışında önemli bir yan etki tesbit edilmedi.*

It has been accepted that immunologic factors play a role in the pathogenesis of inflammatory Bowel Disease. Interferon is a substance produced by immunologically activated mononuclear cells and has an important role in immunoregulation. In patients with active inflammatory bowel disease, mononuclear cells produce decreased amounts of immune interferon in the intestinal mucosa.<sup>1</sup>

Dambrauskas J.I. demonstrated that in inflammatory bowel disease interferon production is decreased.<sup>2</sup> These studies suggest that deficiency of interferon production may be one factor in the pathogenesis of inflammatory bowel disease.

In this study, the effect of interferon alfa-2a (Roferon-A), which has immunomodulatory properties, has been searched by clinically and endoscopically in 12 patients (4 female, 8 male, mean age was 32.2) with chronic active Ulcerative Colitis (UC). All of the patients had bloody diarrhea, abdominal pain and weight loss for 8-20 months as well as a bloody defecation at a rate of 12-25 per day. In 5 patients the whole colon, in the remainder left descending colon were affected had a fragile mucosa with many bleeding foci and

**Table 1.** Clinical Symptoms and Laboratory Findings in Ulcerative Colitis

	12 CASES	
	85% of Cases	15% of Cases
Abdominal pain	+++ /++++	++ /+++
Bloody diarrhea	+++ /++++	
Fever	N++	N+
Weight loss	+++ /++++	+ /+++
Electrolyte imbalance	+++ /++++	
Colonoscopy	Diffuse by fragile mucosa with many bleeding foci and disseminated pseudopolyps	
Mid: + or ++	Moderate: +++	Severe: ++++

there were pseudopolyps in most cases. Biopsies revealed Ulcerative Colitis without amoebiasis. All individuals were unresponsive to classical therapy. After they had been hospitalized for 10 days without any therapy, the patients were started only Roferon-A at a dose of  $3 \times 9.10^6$  IU in the first,  $3 \times 6.10^6$  IU in the second,  $3 \times 3.10^6$  IU in the third week and  $3 \times 3.10^6$  IU every week for 6 months there after respond. At the end of the first week of therapy, 83% of the patients began to therapy and after 3 or 4 weeks, clinic, endoscopic and histologic remission was observed. Anemia besides electrolyte imbalance also improved. Pseudopolyps lessened in number and became smaller. In addition patients gained physical activity and weight. No recurrence was observed during the treatment (6 months) and the period of follow up (without treatment). 17% of patients were unresponsive to Roferon-A therapy. No side important effects were seen (Table 1 and 2).

Conclusion: It has been proposed that the effect of Roferon - A results probably from its immunomodulatory and/or antiviral properties.

**REFERENCES**

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**Table 2.** Clinical Symptoms and Laboratory Findings in Ulcerative Colitis

	Interferon alfa-2a					Follow up (without treatment)					
	10/12 cases (6 months)					6/10 patients (6 months)					
MONTHS	1.	2.	3.	4.	5.	6.	7.	8.	10.	11.	12.
Abdominal pain	Rare										
Bloody diarrhea	Rare										
Fever		NO RECURRENCE				NO RECURRENCE					
Weight loss											
Electrolyte imbalance											
Colonoscopy	Mild Friability of mucosa	Normal or mild granular mucosa, small and rare pseudopolyps.									

**Bu çalışma**

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