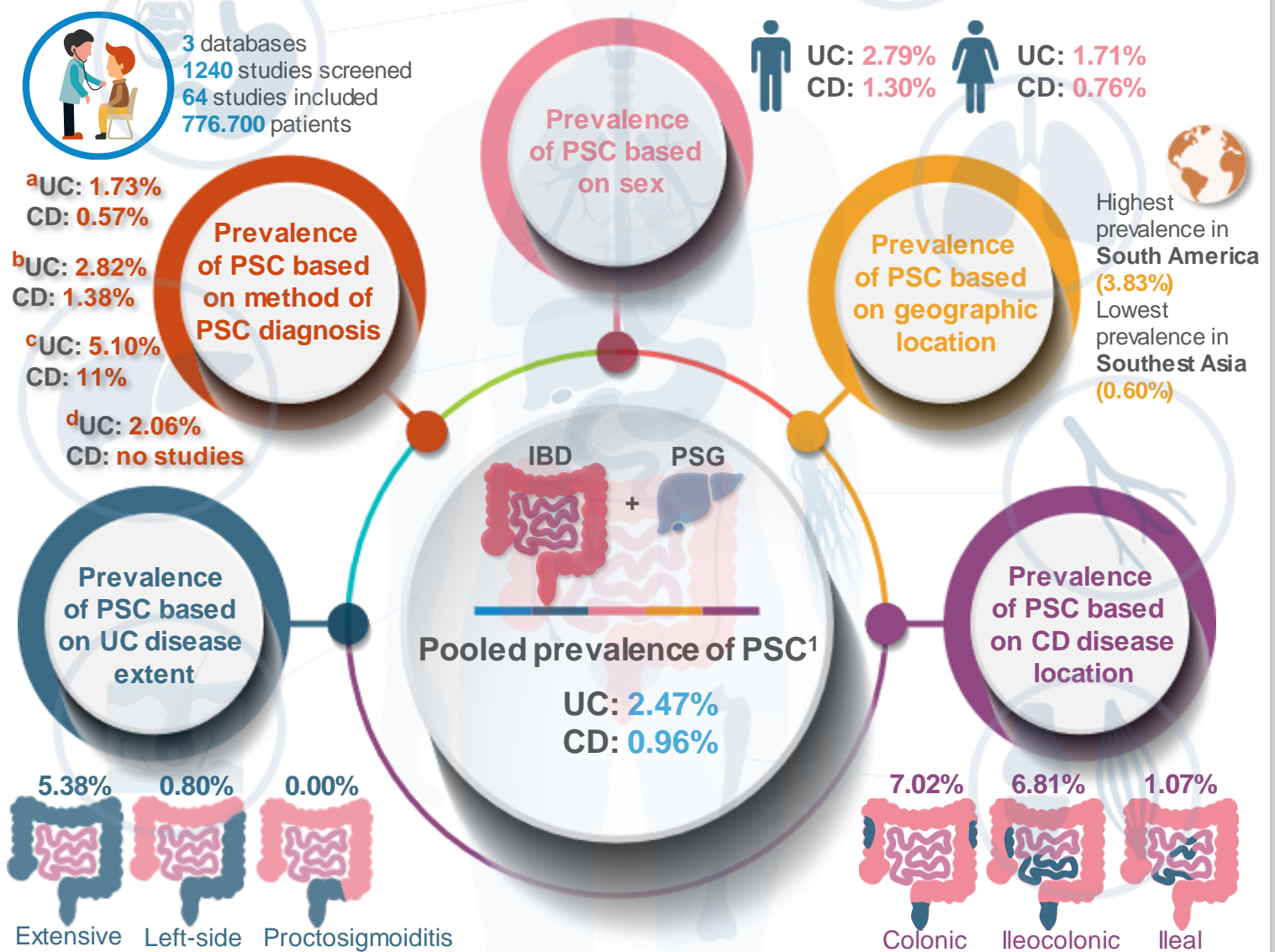




## Did you know?

...disease extent, location, sex, methods of diagnosis and geographic location may influence the prevalence rates of Primary Sclerosing Cholangitis in patients with IBD?<sup>1</sup>

A systematic review and meta-analysis was conducted to assess the prevalence of PSC in IBD. Observational studies recruiting ≥50 adult patients with IBD and reporting prevalence of PSC were selected through a literature search.<sup>1</sup>



<sup>a</sup>Clinical diagnosis; <sup>b</sup>Liver biochemistry + ERCP/MRCP with confirmatory liver biopsy if required; <sup>c</sup>Liver biochemistry + ERCP/MRCP; <sup>d</sup>Liver biochemistry + liver biopsy

These findings suggest that using clinical diagnosis alone to define PSC may be inaccurate in IBD. They also provide the first pooled estimates of the burden of PSC in IBD, as well as potential risk factors (e.g. sex, extensive UC or CD with colonic involvement), which may be important in establishing a prompt diagnosis and initiating appropriate surveillance to prevent complications.<sup>1</sup>

CD: Crohn's disease; ERCP: endoscopic retrograde cholangiopancreatography; IBD: Inflammatory bowel disease; MRCP: magnetic resonance cholangiopancreatography; PSC: Primary sclerosing cholangitis; UC: Ulcerative colitis

1. Barberio B et al. Gastroenterology 2021;161:1865–1877.