



McKechnie Field - Spring Training Home of the Pirates



**DUQUESNE**  
**UNIVERSITY**  
MYLAN SCHOOL OF PHARMACY

## PIC QUESTION OF THE WEEK: 3/09/09

Q: Why is rifaximin used in patients with pouchitis?

A: *Pouchitis* is an inflammation of the internal pouch fashioned from small intestinal tissue during ileal pouch anal anastomosis (IPAA). This surgical procedure bypasses the large intestine and may be employed in patients with ulcerative colitis or Crohn's disease. A *temporary* ileostomy is placed to allow the pouch to heal without risk of infection. IPAA is considered preferable to an ostomy for patients suffering from inflammatory bowel diseases refractory to medical treatment. The pouch serves as a collection device for waste, but permits the patient to experience regular bowel movements. It is typical for patients with an internal pouch to experience more frequent (average 6 per day) and watery bowel movements. Pouchitis is the most common complication of IPAA and widely regarded as an idiopathic disease; however, colonization by fecal bacteria may be a contributing factor. The condition occurs most commonly in the first six months following reversal of the ileostomy. Although its frequency decreases after six months, nearly 50% of patients with an IPAA will eventually experience pouchitis. Presenting symptoms include diarrhea, increased frequency of bowel movements, bleeding, abdominal pain, and fever. It can result in dehydration and, in severe cases, hospitalization. Treatment of acute pouchitis generally consists of a two-week course of antibiotic therapy with metronidazole or ciprofloxacin. Approximately 10% of patients do not respond to initial treatment and develop *chronic* (> 4 weeks) pouchitis. A small number of clinical trials support the potential use of rifaximin for the treatment of refractory or recurrent pouchitis. The drug is a poorly absorbed rifamycin antibiotic and labeled for the treatment of traveler's diarrhea. It has also been used in the management of inflammatory bowel disease, hepatic encephalopathy, and diverticulitis. The dose of rifaximin for pouchitis, alone or in combination with other antibiotics, is 400 mg three times daily for at least one month. Patients with pouchitis that persists despite multiple trials of antibiotics may also experience relief from oral or topical steroids, mesalamine, biological agents, or immunomodulators. Larger scale trials are necessary to identify the overall success rate, other possible benefits, and true role of rifaximin in the management of pouchitis.

### References:

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