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Thiopurines have been widely used for the maintenance of remission or steroid sparing in patients with inflammatory bowel disease. However, potential drug-related adverse events frequently interfere with their use. Indeed, drug withdrawals associated with adverse reactions have been reported in approximately 25% of patients.

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Inflammatory bowel disease (IBD) is a complex disease with multiple risk factors, interactions and treatment options, in the context of the important clinical need to rapidly establish and maintain mucosal healing (MH) (1). The goal of being able to individualize therapy for patients with IBD, so as to maximize effectiveness—including rapid induction of MH—whilst minimizing side effects, has not progressed as quickly in IBD as in other d...

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The **TPMT** promoter region may serve as a pharmacogenomic biomarker when introducing thiopurine therapy; The most frequently occurring nonfunctional **TPMT** allele in Croatian population is TPMT*3A. Variant genotypes were statistically significantly more common in Crohn's disease subgroup than in ulcerative colitis subgroup.

People also ask

Thiopurines are immunomodulators used in the treatment of acute lymphoblastic leukemia and inflammatory bowel diseases. Adverse reactions to these agents are one of the main causes of treatment discontinuation or interruption. Myelosuppression is the most frequent adverse effect; however, approximately 5–20% of patients develop gastrointestinal toxicity. The identification of biomarkers able to prevent and/or monitor these adverse reactions would be useful for clinicians for the proactive management of long-term thiopurine therapy. In this editorial, we discuss evidence

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People also ask

- How are thiopurines used to treat inflammatory bowel disease? ▾
- How is thiopurine S-methyltransferase related to inflammatory bowel disease? ▾
- Which is a better predictor of mercaptopurine intolerance? ▾
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