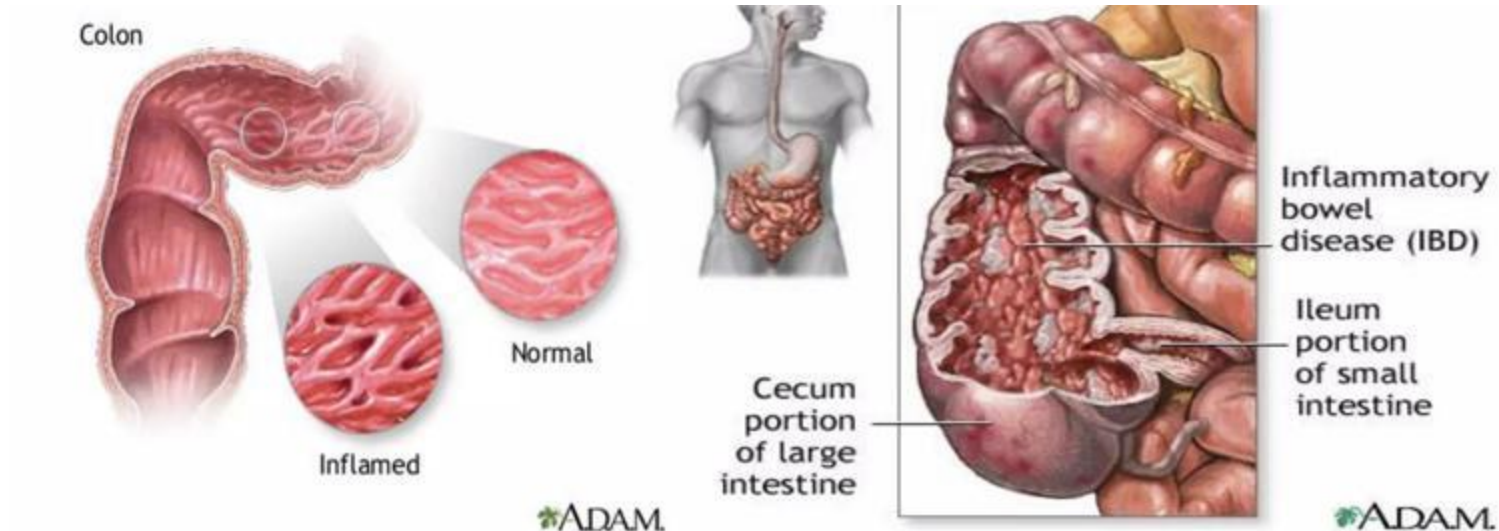


Inflammatory Bowel Disease

Prof. Dr. Selvachidhambaram

Introduction

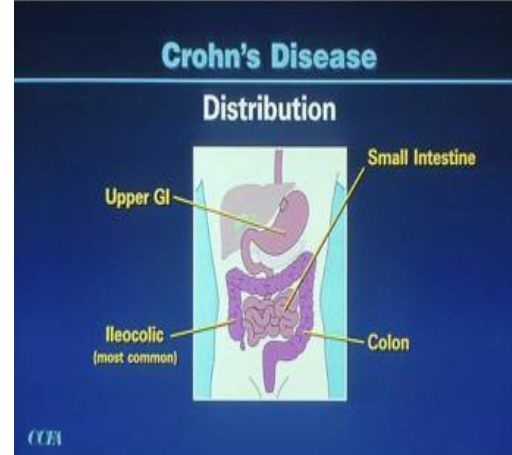
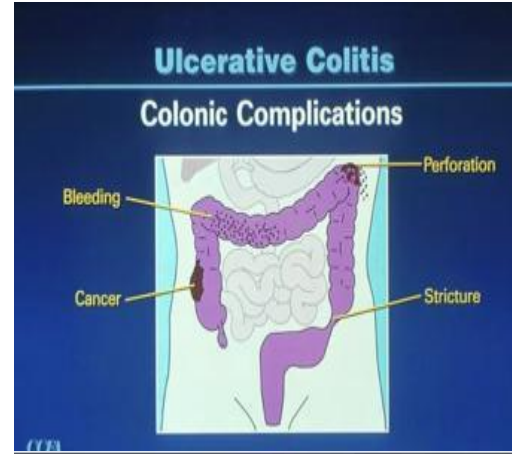
- Inflammatory bowel disease (IBD) represents a group of intestinal disorders that cause prolonged inflammation of the digestive tract.
- It is a spectrum of chronic idiopathic inflammatory condition.



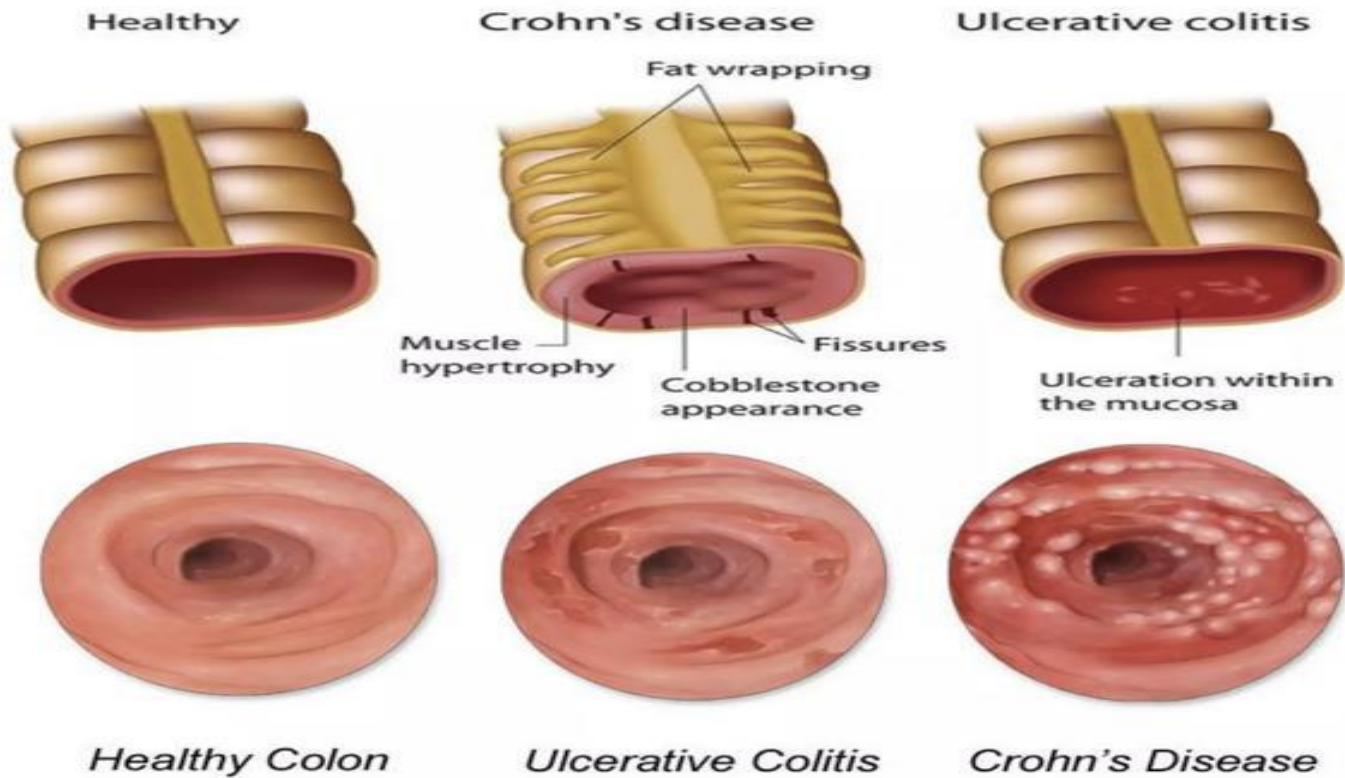
Classification

Ulcerative colitis: Ulcerative colitis is a disease that causes mucosal inflammation and sores (ulcers) in the lining of the large intestine (colon).

Chron's disease: Crohn's disease is a chronic, relapsing and remitting inflammatory disease of the gastrointestinal tract, affecting any site from mouth to anus.



Inflammatory Bowel Disease



Etiology

Infectious agents

- Viruses (Measles)
- Bacteria (Mycobacteria)

Genetics

Environmental factors

- Diet
- Smoking

Psychological factors

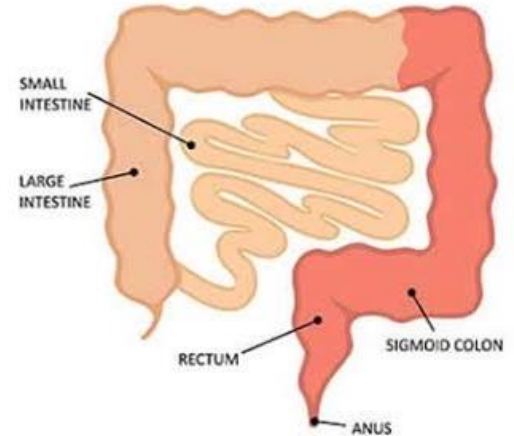
- Stress
- Emotional or physical trauma

Ulcerative colitis

- Limited to the large intestine (colon) and the rectum.
- The inflammation occurs only in the innermost layer of the lining of the intestine.
- Usually begins in the rectum and lower colon, but may also spread continuously to involve the entire colon.

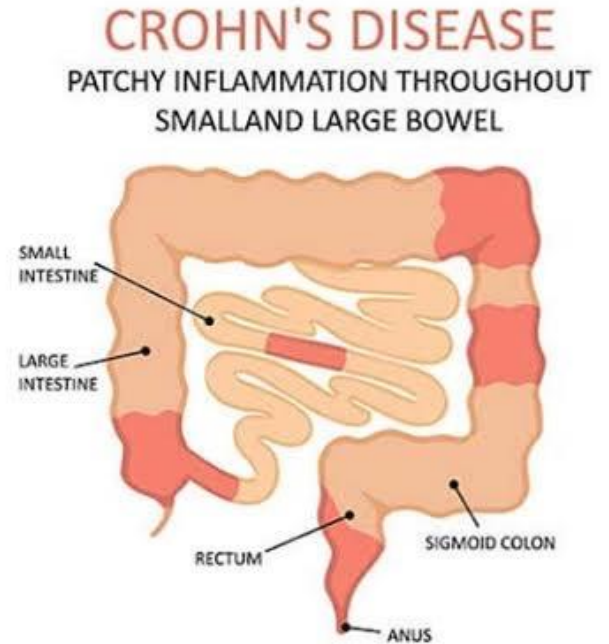
ULCERATIVE COLITIS

CONTINUOUS AND UNIFORM
INFLAMMATION IN THE LARGE BOWEL

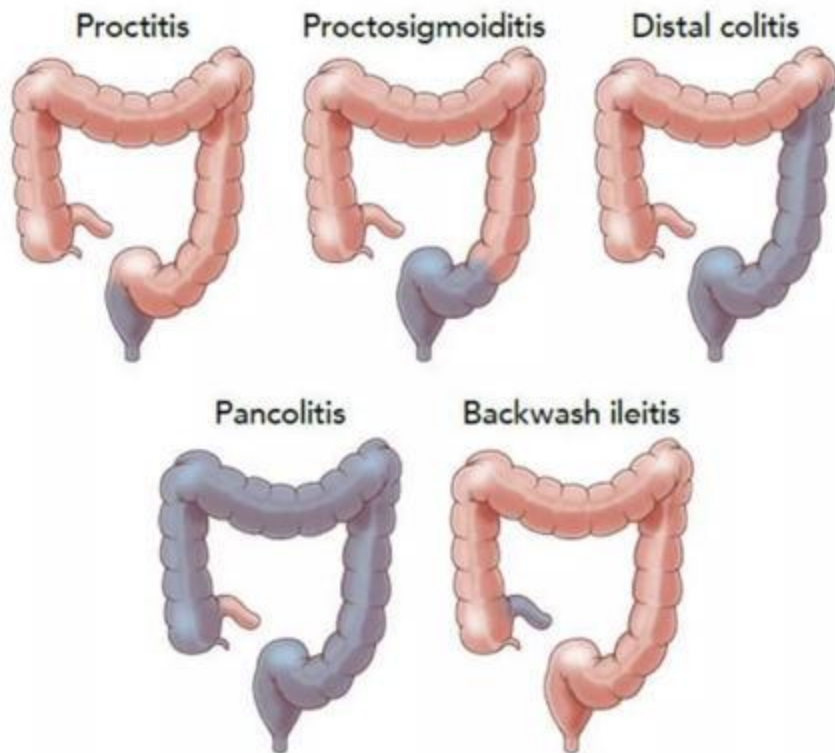


Crohn's disease

- Transmural inflammation (inflammation may extend through the entire thickness of the bowe wall) of GI mucosa affect any part of the GI tract
- Most commonly affects the end of the small intestine (the ileum where it joins the beginning of the colon).
- Appear in "patches," affecting some areas of the GI tract while leaving other sections completely untouched.



LOCATION FOR UC



LOCATION FOR CD

Ileocolitis



Ileitis



Gastroduodenal Crohn's disease



Jejunioileitis



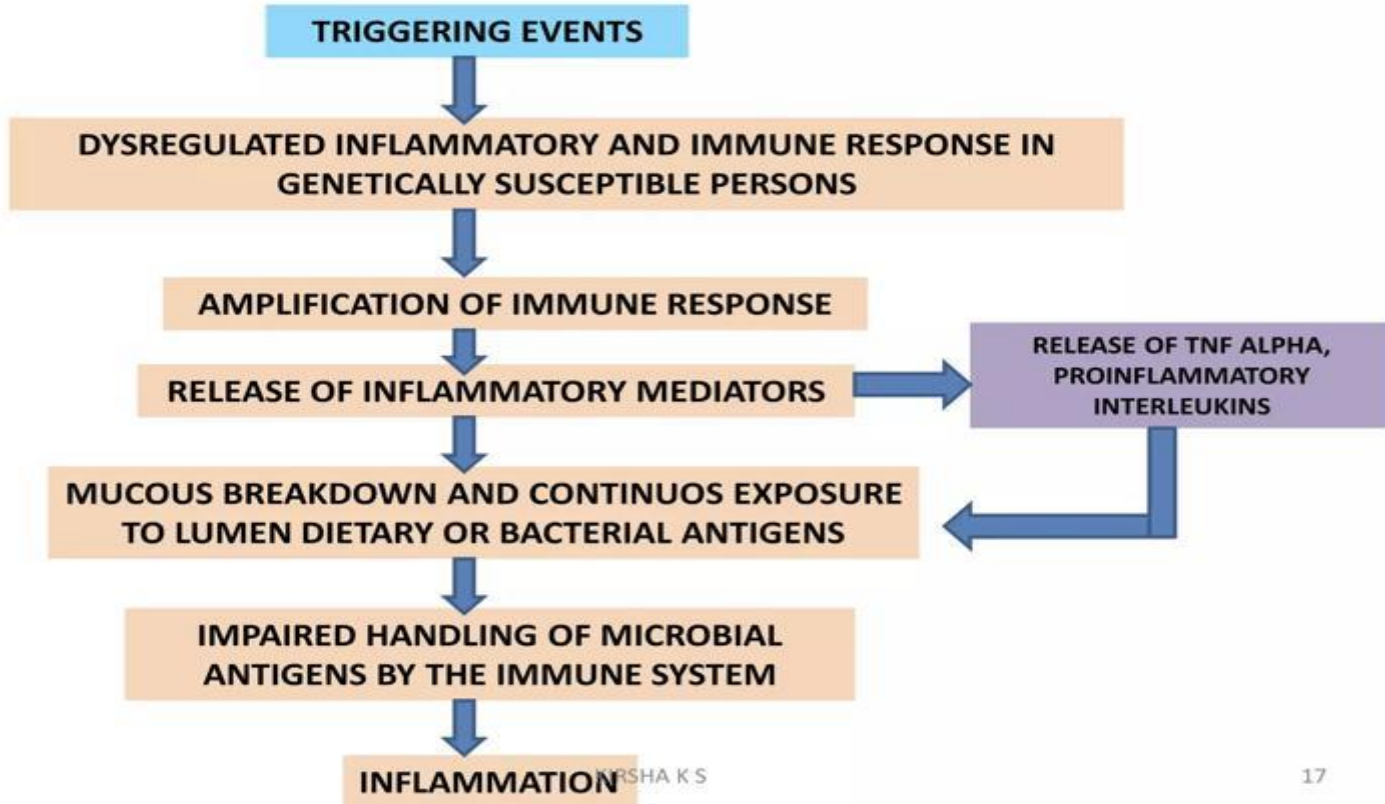
Crohn's (granulomatous) colitis

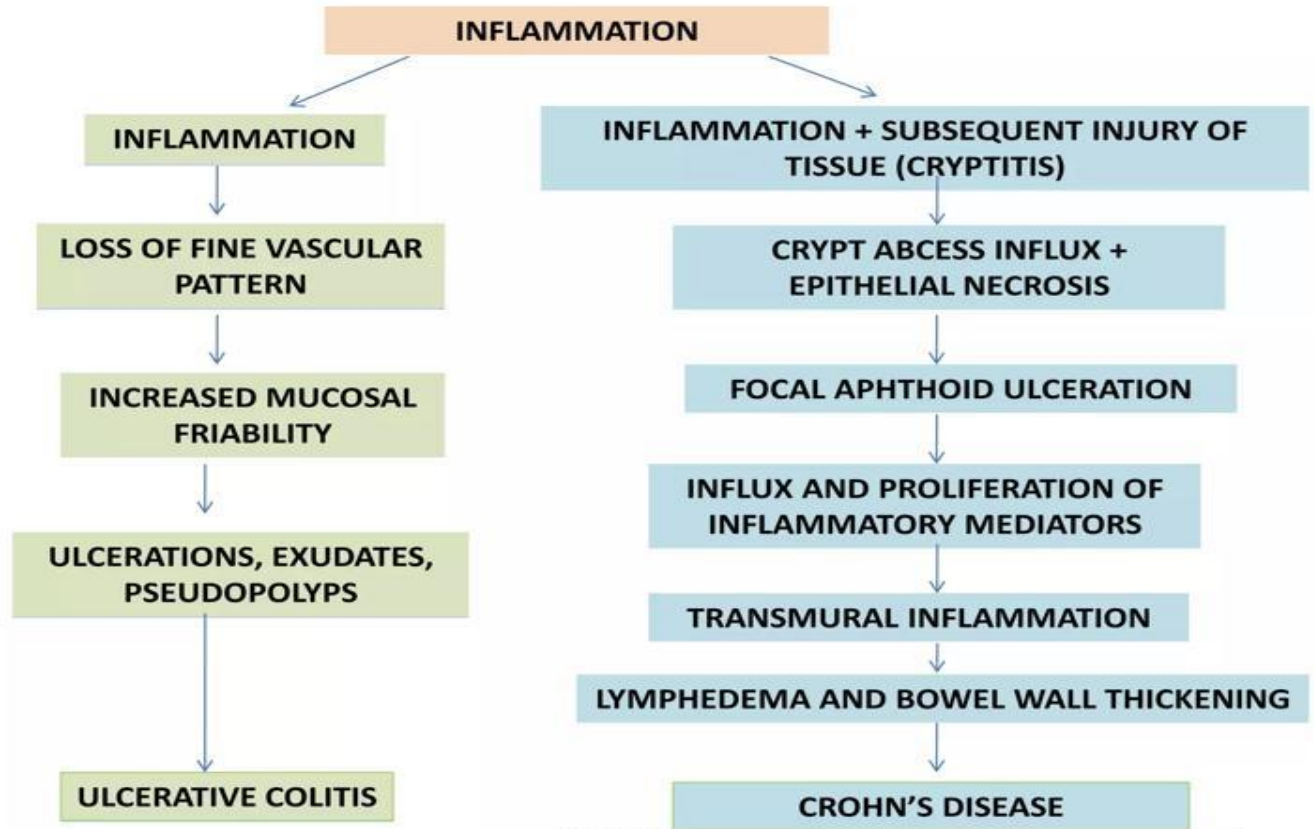


Perianal Crohn's



Pathophysiology





Symptoms

Ulcerative colitis

Altered bowel movements

- Increased stool frequency
- Decreased stool consistency

Abdominal pain

- LLO cramping, relieved with defecation
- Tenesmus

Hematochezia (Blood in stool)

Crohn's disease

Altered bowel movements

- Chronic or nocturnal diarrhea

Abdominal pain

- Postprandial RL abdominal pain
- Distension

Weight loss

- Fever

DIAGNOSIS

- Physical examination
- Endoscopy
- Biopsy
- Radiology
- Blood test

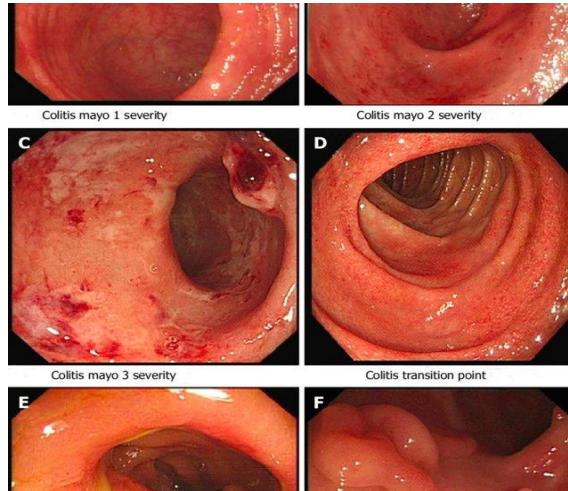
PHYSICAL EXAMINATION

- The main features to look for are oral aphthosis, abdominal tenderness and masses, anal tags, fissure, fistulae, nutritional deficiency
- An important feature in children is growth retardation.



ENDOSCOPY, COLONOSCOPY, SIGMOIDOSCOPY

- It helps to determine the pattern and severity of colonic and terminal ileal inflammation and allows biopsies to be obtained.
- Features – aphthous ulcers, deeper ulcerations, post-inflammatory polyps, accompanied by intervening normal mucosa in case of Crohn's disease.



OTHER DIAGNOSTIC TOOLS

- Radiological
 - Barium xray
- Blood test
 - Presence of anemia
 - Hypoalbuminemia
 - ASCA/ ANCA positive

TREATMENT

- Avoid smoking
- Treat constipation or chronic cough
- Resection and anastomosis
- Colectomy or hemicolectomy
- Corticosteroids
- Aminosalicylates
- Biological therapy TNF inhibitors
- Antibiotics