

characterized by recurrent flare-ups that can severely impair patients' physical and social functioning (D'Auria and Kelly, 2013). The goals of therapy are to control the inflammatory process to reduce or eliminate the symptoms, obtain long-term remission, promote normal growth and development, and allow as normal a lifestyle as possible. Treatment is individualized and managed according to the type and the severity of the disease, its location, and the response to therapy. Crohn disease is more disabling, has more serious complications, and is often less amenable to medical and surgical treatment than is ulcerative colitis. Because ulcerative colitis is confined to the colon, a colectomy may cure ulcerative colitis.

### Medical Treatment

The goal of any treatment regimen is first to induce remission of acute symptoms and then to maintain remission over time. 5-Aminosalicylates (5-ASAs) are effective in the induction and maintenance of remission in mild to moderate ulcerative colitis. Mesalamine, olsalazine, and balsalazide are now preferred over sulfasalazine because of reduced side effects (headache, nausea, vomiting, neutropenia, and oligospermia). Suppository and enema preparations of mesalamine are used to treat left-sided colitis. These drugs decrease inflammation by inhibiting prostaglandin synthesis. 5-ASAs can be used to induce remission in mild Crohn disease. Corticosteroids, such as prednisone and prednisolone, are indicated in induction therapy in children with moderate to severe ulcerative colitis and Crohn disease. These drugs inhibit the production of adhesion molecules, cytokines, and leukotrienes. Although these drugs reduce the acute symptoms of IBD, they have side effects that relate to long-term use, including growth suppression (adrenal suppression), weight gain, and decreased bone density. High doses of IV corticosteroids may be administered in acute episodes and tapered according to clinical response. Budesonide, a synthetic corticosteroid, is designed for controlled release in the ileum and is indicated for ileal and right-sided colitis; budesonide has fewer side effects than prednisone and prednisolone (Szigethy, McLafferty, and Goyal, 2011). Rectal steroid therapy (enemas and foam-based preparations) are available for both induction and maintenance therapy in left-sided colitis (Szigethy, McLafferty, and Goyal, 2011).