

Inflammatory bowel disease.



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Types

- It has two entities.
 1. Crohn's disease.
 2. Ulcerative Colitis.



Crohn's disease

- It is idiopathic and also known as chronic granulomatous disease.
- Can affect to any part of the gastrointestinal tract.
- Independent of sex, socio-economic status & geographical areas.



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Incidence

- It has bimodal age distribution.
- From 15- 29 years.
- From 55- 70 years.
- But also can occur at any age.



Aetiology

- Mostly it is unknown.
- Genetic factors like family history affect in 25 times.
- Environmental factors like smoking increase the risk.



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Pathophysiology

- Commonly affected site is terminal ileum. It is around 75%.
- Iliocolic (40%)
- Small bowel only (30%)
- Colonic (30%)
- Anorectum – rare (5%) – rectal sparing.



Pathophysiology

- It has thickened bowel.
- Skip lesions.
- Hose pipe pattern.
- Linear ulcers and cobble stone appearance of mucosa.
- Transmural – involve full thickness.
- It is a pre cancerous lesion.



Clinical features

1. Diarrhoea – This is not bloody. But if colon involved bloody.
2. Steatorrhoea – in ileal disease.
3. Abdominal pain – it could be Intermittent , crampy, worse after meals, relieved by defecation, poorly localized.



Clinical features

4. Intestinal obstruction
5. Phlegmon – mass due to thickened bowel.
6. Loss of weight
7. Malaise
8. Fever



Clinical features

9. Anorectal manifestations.

- Fissure ,is the common anal problem in Crohn's disease.
- Fistula formation
- Perianal abscess.



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Clinical features

10. Extraintestinal manifestations

- Eyes – Conjunctivitis , Iritis , Uveitis.
- Skin – Pyoderma gangrenosum, Erythema nodosum, Aphthous stomatitis.
- Musculoskeletal – Arthritis, Ankylosing spondylitis.



Investigations

1. Barium meal and follow through
2. Endoscopy to diagnose and surveillance for colonic cancer.
3. CT scan.



Complications

1. Intestinal obstruction
2. Structure
3. Fistula
4. Perforation
5. Intra abdominal abscess
6. Adenocarcinoma
7. GI bleeding.



Differential diagnosis

1. Ulcerative colitis
2. Appendicitis
3. Gastroenteritis
4. Intestinal lymphoma
5. TB
6. Diverticulitis



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Treatment

Conservative – Adequate nutrition, low residue , high protein and milk free diet.

Vitamin and mineral supplements
TPN in some cases.

Medical – Mild to moderate cases treat with oral Aminosalicylates, Metronidazole.



Treatment

- Severe cases treat with steroid therapy.
- **Surgical management –**
- Ilocaecal resection.
- Segmental resection.
- Stricturoplasty.



Ulcerative colitis

- Aetiology is unknown.
- Commonly diagnose around 20- 40 years.
- 95% start from rectum and spreads proximally.
- It is a diffuse inflammatory disease.
- Pre cancerous condition.



Clinical features

- Watery or bloody diarrhoea
- Rectal discharge – Mucous, blood stained, purulent.
- Proctitis in 50% of cases ,
Tenesmus, Urgency.
- Anaemia.



Clinical features

- Extraintestinal manifestations –
 1. Arthritis
 2. Skin lesions –
Erythema nodosum
 1. Eye problems
 2. Liver disease – sclerosing cholangitis.



Complications

- Fulminating colitis – severe disease.
- Toxic megacolon
- Perforation -50% mortality.
- Haemorrhage.
- Colonic cancer.



Investigation

- Plain abdominal X ray
- DCBE
- Sigmoidoscopy.
- Colonoscopy and biopsy – not usually used in acute cases.
- Stool culture.



Treatment

- **Medical** - Corticosteroids – local or systemic , 5- Aminosalicyclic acids – maintain remission.
- **Surgical** – Proctocolectomy and ileostomy , Proctocolectomy and ileo anal pouch , colectomy and ileorectal anastomosis.



Treatment

Ulcerative colitis	Crohn's
Aetiology- unknown May be related to infection	Aetiology- unknown May be related to genetic and environmental factors
Reduced by smoking	Increased by smoking
Affects the colon	Affects any part
Mucosal disease- pseudopolyp	Transmural
Continuous	Skip lesions
Less chance of stricture or fistula	More chance of stricture or fistula
No granulomas	Granulomas- common
Peri anal diseases are uncommon	Peri anal diseases are common
Recurrence- unusual	Recurrence- common
More chance of cancer	Less chance than UC

