

:Clinical manifestations of IBD •

- Abdominal pain
- Eye manifestation
- Joint Manifestation
- Liver Manifestation
- Kidney: calcium oxalate stones
- Heart: risk for CVD
- Lung: COPD, Asthma
- Bronchitis

Child with IBD come with: failure to thrive "failure to grow" as short stature

"Malabsorption: vitamins deficiency "ADEK

- Fat malabsorption: steatorrhea when terminal ileum resection *
- Skin manifestation: ecchymosis from vitamin K deficiency
- Increase risk for infection
- Bone: osteoporosis, osteomalacia

- Anemia on IBD: all types of anemia could be present

As Macrocytic as folate or B12

.Anemia of chronic disease

:Manifestation favor chrons rather than UC

-perianal disease: fistula "enterocutaneous

:Types of Fistula

Enteroenteric -1

Enterovesical with bladder -2

Enterovaginal with vaginal -3

Entero Cutaneous -4

Entero Colic -5

Aphthous Ulcers: come in both but more in chrons. Also seen in celiac,
Malabsorption, Pahget

:Comparison

Site/ UC: Rectum involved in 99%

"Except in " sparing rectum cases in UC patients

- ✓.Primary sclerotic cholangitis-1
- ✓.on steroids treatment: 1st healing in rectum -2

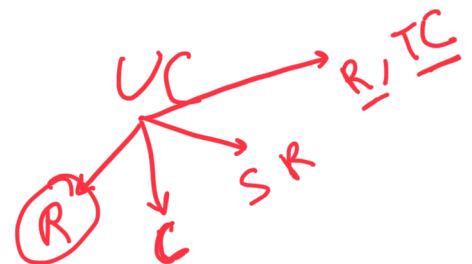
:Involvement of UC

proctitis/ rectum -1

proctosegmoiditis/ rectum and sigmoid -2

extensive colitis/ rectum to transverse colon -3

pancolitia/ all colon -4



Site: Chrons from mouth to anus mostly

.iliocolic 45-50%

colonic 30%

small bowel 20%

upper GI 3-4%

UC/ continues no skip lesion

UC/ pseudo polyps

UC/ Involved terminal ileum only in backwash ileitis

.Due to disfunction of iliocolic valve in 5-10%

Chrons/ mouth to anus could affect

"Chrons/ cobblestones appearance "skip lesion"

.Chrons/ strictures

Surgery indicated if there are multiple strictures and segments more than 3cm Or *
there is complete obstruction

.Or Failure to thrive or toxic megacolon

:histopathology *

.UC: mucosa and submucosa is involved cause superficial ulcers

Crypt abscess

Goblet cells depletion

.Chrons: Non- ceasing granuloma

Transmural: affects all layers cause deep ulcers

.Increase goblet cells

:Imaging *

* X-Ray: to detect air and fluid level

.To exclude intestinal obstruction in Chrons

Exclude Toxic megacolon in UC

Toxic megacolon: loss of haustration increase diameter of Transverse colon more *
than 6 cm " more than 9 cm in cecum

lead pipe in barium enema *

.Ultrasound: edematous bowel, inflammation in* ileocecal valve

.CT: For detection of strictures, fistula, abscess and tumors

"Truelove and Witts Severity Index for Ulcerative Colitis

"number of bloody diarrhoea per day. "Bowel motions -"

Mild: less than 4 times

Moderate: 4 to 6 times

Severe: more than 6 times

:Plus one of the following criteria

Fever more than 37.8 - ✓

Heart rate more than 90 - ✓

ESR more than 30 - ✓

Anemia: HB less than 10.5 - ✓

Fulminant colitis: more than 10 bloody diarrhoea with peritonitis

:Complications

toxic megacolon More in UC -

Cancers more in UC -

Massive bleeding -

:Follow up in IBD

After 1st diagnosis the follow up by colonoscopy after 8- 10 years unless there is complication

Then every 2 years

But in UC and primary sclerosis colangitis: every year follow up due to the risk of .colangiocarcinoma

:UC treatment

Induction/ 5- aminosalicylic acid and Azathioprine

.Other options as biological agents as infleximab

TNF α inhibitor

.Cyclosporine used only in UC not chrons

:Crohns treatment

Induction/ steroid , biological agents and azathioprine

Methotrexate used only in chrons not UC

"Mild crohns colitis: used azathioprine or sulfasalazine. "Mesalamine not indicated

.Smoking and Appendectomy reduce risk for UC