Inflammatory Bowel Disease: Ulcerative Colitis

What is Inflammatory Bowel Disease (IBD)?

IBD refers to a chronic inflammation of the intestines not due to infections or other identifiable causes. There are two main types of IBD: *ulcerative colitis* and *Crohn's disease*. *Ulcerative colitis* affects the lining of the large intestine (the colon), while Crohn's disease can affect any part of the intestine, small or large, and inflame not only the lining, but also deeper layers.

How common is Inflammatory Bowel Disease?

It is estimated that about 1,000,000 Americans suffer from IBD. Males and females are equally affected. Ulcerative colitis may occur at any age, including young children, but it most often occurs in young adults. Most cases of ulcerative colitis are diagnosed before age 30. About 5-8% of patients may have a family member with IBD and about 20-25% of patients may have a close relative with the condition. However, it can occur in any ethnic group and in members of families where no one else is suffering from these diseases.

What causes ulcerative colitis?

It is currently believed that ulcerative colitis occurs in individuals as a result of genetic and environmental factors. For unknown reasons, the immune system becomes abnormally active against the individual's own body. It targets not only the intestine, but sometimes other organs like the skin, the eyes, or the liver.

How is ulcerative colitis diagnosed?

The diagnosis of ulcerative colitis may be suspected on the basis of the medical history, but the final determination depends on the results from the required diagnostic tests. The evaluation usually includes:

- Blood tests
- Stool cultures to exclude infection with bacteria, viruses and parasites
- Endoscopy and biopsies of the colon
- On occasion, xrays of the intestine.

LINKS:

Crohn's and Colitis Foundation of America: http://ccfa.org/

Children's Digestive Health and Nutrition Foundation: http://cdhnf.org/wmspage.cfm?parm1=51

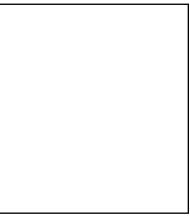
National Digestive Diseases Information Clearinghouse: http://digestive.niddk.nih.gov/ddiseases/pubs/colitis/

American Academy of Pediatric: http://www.aap.org/healthtopics/commonillness.cfm

Is there a role for

surgerų in Ulcerative Colitis?

When medications do not control the symptoms, then surgery is a reccommended option. Usually the entire large intestine is removed. This is called a total colectomy. It is possible in most patients to reconnect the intestine, so that there is no need to wear a permanent



bag (ostomy). This second operation is called an ileo-anal pull through, and it involves reconnecting the small instetine to the anus. Afterward the child my have looser or more frequent stools, but the ability to control stooling is expected.

For more information or to locate a pediatric gastroenterologist in your area please visit our website at: www.naspghan.org

IMPORTANT REMINDER: This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.



What are the symptoms of ulcerative colitis?

The most common symptoms are:

- iglet Diarrhea, frequently always with blood and mucus
- Abdominal cramping, often around the time of a bowel movement
- Loss of appetite and weight loss
- Unexplained fevers and tiredness

How is ulcerative colitis treated?

The aim of treatment is to decrease the inflammation causing the damage to the colon. Even though a medical cure is not yet possible, control of symptoms can be very effective in most patients. The array of medications available continues to expand, and new treatments can be expected in the future. The medications most commonly used to treat ulcerative colitis are:

- Antibiotics, such as metronidazole
- Anti-inflammatories, such as sulfasalazine or mesalamine. These can be delivered orally, or in enema or suppository form.
- Steroids, such as prednisone, prednisolone or budesonide
- Immuno-modulators, such as azathioprine, 6-mercaptopurine (6MP) or methotrexate
- Biologicals, such as infliximab or adalimumab