

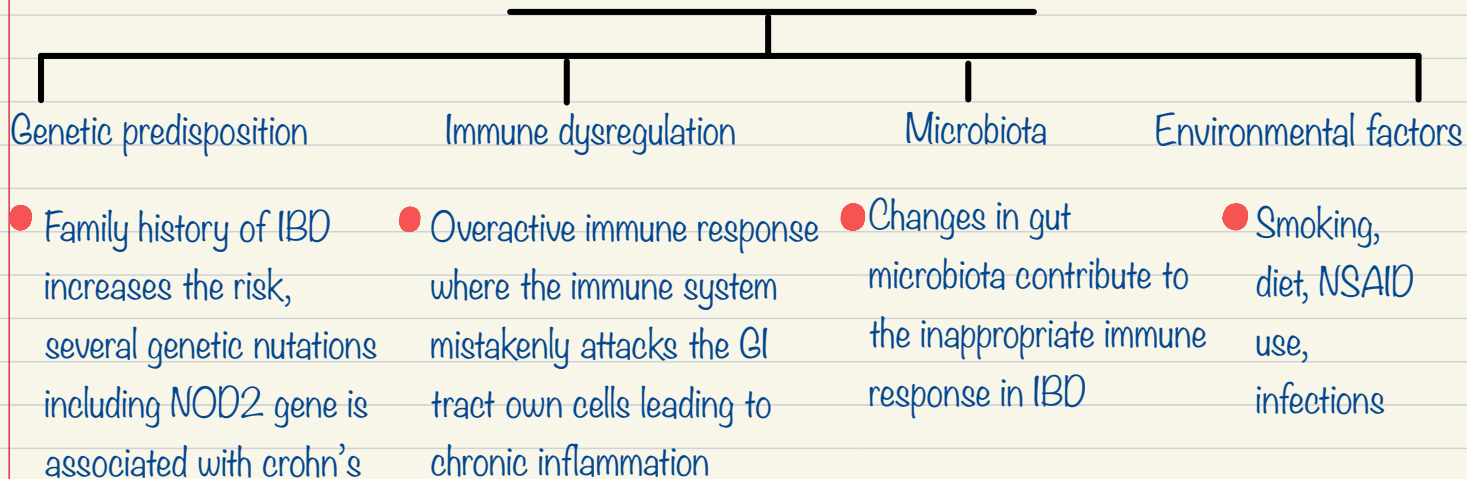
Inflammatory bowel disease

- Group of chronic relapsing remitting inflammatory conditions of the gastrointestinal tract
 - Crohn's disease
 - Ulcerative colitis

	Crohn's disease	Ulcerative colitis
Location	Any part of GI tract from mouth to anus, most commonly colon and ileum	Limited to colon and rectum, starts in the rectum and extend proximally
Pattern of inflammation	Transmural » the entire thickness of the wall, skipped lesions	Superficial » limited to mucosa and submucosa, continuous lesion
Immune dysregulation	Th-1 dominant immune response	Th-2 domination immune response
Smoking	Increases the risk	Decreases the risk
Abdominal pain	Crampy pain typically in right lower quadrant (ileocecal region)	Less severe than Crohn's, often in left lower quadrant
Diarrhea	Watery without blood but bloody can occur	Bloody with mucus with urgency and tenesmus
Other symptoms	Weight loss, malnutrition, fever, perianal fistulas or fissures	Urgency » strong urge to defecate with frequent small bowel movements
Systemic symptoms	Fatigue, growth delay in children	Fever and weight loss in severe cases

Colonoscopy	Patchy, cobblestone appearance, deep ulcers, skip lesions	Continuous uniform inflammation with ulceration, granularity, crypt abscess
Surgical treatment	Surgery is reserved for complications because surgery is not curative	Colectomy is curative
Complication	Stricture, fistulas, abscesses, malnutrition, bowel obstruction	Toxic megacolon (dilatation of colon + systemic toxicity), colorectal cancer (the risk increases with duration and extent of disease)
Prognosis	More unpredictable with higher rates of recurrence and complications	Can be well controlled with medications, surgical cure is possible
Recurrence and remission	Relapsing remitting disease with frequent flare-ups and remissions	Relapsing remitting course but remission is more common than in Crohn's
Cancer risk	Increased risk of small bowel adenocarcinoma, risk of colorectal cancer is increased but to a lesser extent than UC	Significantly increased risk of colorectal cancer

Pathophysiology



Diagnosis

Laboratory tests

- CBC » anemia, elevated white blood cells, thrombocytosis
- CRP/ESR » elevated in active disease indicating systemic inflammation
- Fecal calprotectin » marker of intestinal inflammation that can help differentiate IBD from irritable bowel syndrome

Imaging

- CT or MRI » detecting complications like strictures, fistulas, abscesses especially in crohn'S

Endoscopy

- Colonoscopy » most definitive test, direct visualization + biopsy of inflamed areas
- Capsule endoscopy » visualization of small intestines in crohn'S

Management

Pharmacological treatment

- Aminosalicylates » mild to moderate UC
- Corticosteroids » short term management of moderate to severe IBD to induce remission
- Immunomodulators » maintain remission and reduce steroid dependency, they suppress immune response (Azathioprine)
- Biologies » anti-TNF agents, IL-23 inhibitors are effective in moderate to severe cases of crohn'S & UC
- JAK inhibitors » moderate to severe UC

Nutritional support

- Diet modification » need of special diet especially in flares
- Nutritional supplements

Surgical treatment