

# Inflammatory Bowel Disease: Ulcerative Colitis



## What is Inflammatory Bowel Disease (IBD)?

**I**BD 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 only the lining of the large intestine (the colon), while *Crohn's disease* can involve 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 predisposed individuals as a result of genetic and environmental factors. For unknown reasons, the immune system becomes abnormally active against the individual's own system. It targets not only the intestine, but sometimes other organs as well as the skin, the eyes, or the liver.

## What are the symptoms of ulcerative colitis?

The most common symptoms are:

- Diarrhea, sometimes with blood and mucus
- Abdominal pains
- Loss of appetite and weight loss
- Unexplained fevers and tiredness

## 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 work-up usually includes:

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

## 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
- ASA anti-inflammatories, such as Azulfidine®, Colazal®, Asacol® and Pentasa®. These can also be delivered in enema or suppository form.
- Steroids, such as prednisone, prednisolone or budesonide
- Immuno-modulators, such as Purinethol®, or Imuran®
- Biologicals, such as Remicade®, in selected cases

## Can ulcerative colitis be cured?

Yes. The cure for ulcerative colitis is the complete removal of the large intestine. This is called a *total colectomy*. It is possible in most patients to reconnect the small intestine to the anus, so that there is no need to wear a permanent bag (*ostomy*). This second operation is called an *ileo-anal pull through*, and is expected to offer continence and normal defecation.

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

## SPECIFIC INSTRUCTIONS:



NASPGHAN • PO Box 6 • Flourtown, PA 19031  
215-233-0808 • Fax: 215-233-3939