

Inflammatory Bowel Disease

What is the difference between ulcerative colitis and Crohn's Disease?

Ulcerative colitis and Crohn's disease are two types of Inflammatory Bowel Disease (IBD). The large intestine (colon) can be inflamed in ulcerative colitis, involving the inner lining of the colon, or by Crohn's disease, which extends the inflammation deeper into the intestine wall. Crohn's disease can also involve the small intestine (ileitis), or can involve both the small and large intestine (ileocolitis).

How is IBD different from Irritable Bowel Syndrome?

IBD is a true inflammation of the intestine which can result in bleeding, fever, elevation of the white blood cell count, as well as diarrhea and cramping abdominal pain. The abnormalities in IBD can be visualized by barium x-ray or colonoscopy. Irritable Bowel Syndrome (IBS) is a set of symptoms resulting from spasm or abnormal function of the small and large bowel. The Irritable Bowel Syndrome is characterized by crampy abdominal pain, diarrhea, and/or constipation, but is not accompanied by fever, bleeding or an elevated white blood cell count. Examination by colonoscopy or barium x-ray reveals no abnormal findings.

What is the cause of IBD?

There is no single explanation for the development of IBD. A prevailing theory holds that a process, possibly viral, bacterial, or allergic, initially inflames the small or large intestine and, depending on genetic predisposition, results in the development of antibodies which chronically "attack" the intestine, leading to inflammation. Approximately 10 percent of patients with IBD have a close family member (parent, sibling, child) with the disease.

Is IBD caused by stress?

Emotional stress due to family, job or social pressures may result in worsening of the Irritable Bowel Syndrome but there is little evidence to suggest that stress is a major cause for ulcerative colitis or Crohn's disease.

How is IBD diagnosed?

Examination of the colon by colonoscopy is commonly performed in order to determine the presence of ulcerative colitis or Crohn's colitis and is also helpful in judging the severity and extent of the disease. The examination requires that your colon be cleansed with one of several laxative preparations. Sufficient sedation is given to keep you comfortable during the procedure. A flexible tube is inserted into the rectum and advanced through the colon. Biopsies of the bowel lining are usually performed for diagnostic purposes and color photographs are often obtained so that comparison with previous or future examinations can be accomplished.

Barium x-rays of the upper and lower gastrointestinal tracts are also useful for establishing the diagnosis. The barium is administered by mouth or rectally and x-rays are obtained in order to determine if the small intestine or colon are abnormal.

What are the complications of IBD?

Ulcerative colitis may lead to chronic bleeding, diarrhea, and anemia. Crohn's disease sometimes result in progressive narrowing of the small intestine leading to increasing crampy abdominal pain and possibly abscess formation, the accumulation of pus outside the intestine. Crohn's disease may cause persistent diarrhea and fever and bleeding.

What medical treatments are available for IBD?

Various formulations of 5-ASA, a drug which has been used to treat IBD for over 50 years, are available as oral preparations, suppositories, and enemas. These are often one of the first drugs used to treat IBD.

Corticosteroid therapy, such as prednisone or hydrocortisone, are given when the 5-ASA products are insufficient to control inflammation. These drugs can be given orally, rectally as suppositories or enemas, or intravenously.

If you do not respond adequately to these programs, drugs which suppress the body's ability to make antibodies against the disease (known as anti-immune therapy) are used. Azathioprine and 6-mercaptopurine (6-MP) are the two most commonly used drugs for anti-immune therapy.

Are there complications from the medical treatments?

Sulfasalazine, the initial 5-ASA product, may cause nausea, indigestion or headache in about 15 percent of patients. The newer drugs have fewer side effects. Chronic corticosteroid therapy can lead to fluid retention and high blood pressure, some rounding of the face and softening of the bones similar to osteoporosis. These complications usually prompt attempts to discontinue corticosteroid treatment as soon as possible. The anti-immune drugs require periodic monitoring of the blood count since some patients will develop a low white blood cell count. These drugs, however, are usually well-tolerated, in many patients.

Is diet management important for patients with IBD?

Physicians prefer to maintain good nutrition for those diagnosed with IBD. If you are responding well to medical management you can often eat a reasonably unrestricted diet. A low-roughage diet is often suggested for those prone to diarrhea after meals. If you appear to be milk sensitive (lactose intolerant), you are advised to either avoid milk products or use milk to which the enzyme lactase has been added.

How successful is medical therapy?

Early and proper treatment often results in considerable improvement in your comfort. Most patients with treated IBD are productive and functioning individuals. A small percentage of those with ulcerative colitis and a larger percentage of those with Crohn's disease will eventually require surgery.

What are surgical options for IBD?

Crohn's disease of the small or large intestine can be treated surgically for complications such as obstruction, abscess, or failure to respond adequately to treatment. The disease may recur at some time after the operation.

Ulcerative colitis is cured after the entire colon is removed. This surgery, in the past, required an ileostomy (the lower small intestine is brought out to the abdominal wall and an appliance is worn to collect the output). A recent surgical procedure which avoids the need for an external appliance has become popular.

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