

## Ulcerative Colitis

Ulcerative colitis is an inflammatory disease of the colon (large bowel), which is characterized by inflammation and ulceration of the innermost lining of the colon. Symptoms include diarrhea, with or without rectal bleeding, and abdominal pain.

Ulcerative colitis that affects only the lowest part of the colon, the rectum, is called ulcerative proctitis. If the disease affects only the left side of the colon, it is called limited or distal colitis. If it involves the entire colon, it is called pan colitis.

Ulcerative colitis differs from another inflammatory bowel disease (IBD), Crohn's disease. Ulcerative colitis affects only the colon. The inflammation usually occurs in the rectum and extends up the colon in a continuous manner without any skip areas of normal intestine. Crohn's disease can affect any area of the gastrointestinal tract including the small intestine and have areas of normal intestine between areas of diseased intestine, so-called "skip" areas. Ulcerative colitis affects only the innermost lining of the colon, whereas Crohn's disease can affect the entire thickness of the bowel wall.

Ulcerative colitis is predominantly a disease of the young with most cases generally beginning before age 30, although the disease can also occur later in life.

### Causes

The cause of ulcerative colitis is unknown. It is not caused by emotional distress or sensitivity to certain foods or food products, but these factors may trigger symptoms in some people. Some experts believe there may be a defect in the immune system that causes antibodies to injure the colon. Other experts speculate that it is caused by an unidentified microorganism or germ. Heredity may also be a factor.

### Symptoms

Ulcerative colitis usually begins gradually, with crampy abdominal pain and diarrhea that is sometimes bloody. In some cases, diarrhea is very severe and frequent. Loss of appetite, weight loss and weakness can occur.

Some attacks may be quite severe, requiring a period of bowel rest, hospitalization and intravenous treatment.

### Complications

In long-standing ulcerative colitis, the major concern is colon cancer. The risk of developing colon cancer increases significantly when the disorder begins in childhood, has been present for eight to ten years, or there is a family history of colon cancer. It is particularly important to have colon cancer screening performed regularly.

Liver, skin, eye or joint (arthritic) problems occasionally develop. Other problems can include narrowing and partial blockage of the bile ducts, which carry bile from the liver to the intestine. Fortunately, there is much that can be done about all of these complications.

### Diagnosis

A thorough physical exam and a series of tests may be required to diagnose ulcerative colitis.

Blood tests may be done to check for anemia, which could indicate bleeding in the colon or rectum. Blood tests may also uncover a high white blood cell count, which is a sign of

inflammation somewhere in the body. By testing a stool sample, the doctor can detect bleeding or infection in the colon or rectum.

The doctor may perform a colonoscopy or sigmoidoscopy. For either test, the doctor inserts an endoscope – a long, flexible, lighted tube connected to a computer and monitor – into the anus to see inside of the colon and rectum. The doctor will be able to see any inflammation, bleeding, or ulcers in the colon wall. The doctor may take biopsies of the colon wall for further testing. A barium enema X-ray of the colon may also be required.

## Treatment

There are several types of medical treatments available:

- **Cortisone or Steroids.** These drugs are the most effective for controlling inflammation when the disease is active. Because they can cause serious side effects, the goal is to use a high dose initially and taper off to a maintenance dose. In some cases the drug can be discontinued when the disease is in remission.
- **Anti-inflammation Drugs.** Drugs containing mesalamine, a substance that helps control inflammation, are often used. Patients who do not benefit or cannot tolerate it may be put on other mesalamine-containing drugs, generally known as 5-ASA agents. Possible side effects include nausea, vomiting, heartburn, diarrhea and headache.
- **Immune System Suppressors.** An overactive immune system is often a factor in causing ulcerative colitis. Immunosuppressive drugs work by blocking the immune reaction that contributes to inflammation. These drugs also may cause side effects like nausea, vomiting and diarrhea and may lower a person's resistance to infection. When a combination of corticosteroids and immunosuppressive drugs are used for treatment, the dose of corticosteroids can eventually be lowered.

## Surgery

Surgery is an option for patients with longstanding disease that is difficult or impossible to control with medicine. Surgical removal of the colon and rectum cures the disease and returns good health and a normal lifestyle to the patient. When the colon and rectum are removed one of the following is required:

**Ileostomy.** The surgeon creates a small opening about the size of a quarter in the lower right part of the abdomen and attaches the end of the small intestine, called the ileum, to it. A pouch is worn over the opening to collect waste and the patient empties it as needed.

**Ileoanal anastomosis.** The surgeon removes the diseased part of the colon and the inside of the rectum, leaving the outer muscles of the rectum. The ileum is then attached to the inside of the rectum and the anus, creating a pouch. Waste is stored in the pouch and passed through the anus in the usual manner.

## Summary

Ulcerative colitis is a serious chronic disease but it is not a fatal illness. Most people with ulcerative colitis continue to lead normal, useful, and productive lives with few restrictions. In most instances the disease can be managed with present treatments. For some patients the course of the disease may be more difficult and complicated, requiring more testing and intensive therapy. Surgery sometimes is required. In all cases, follow-up care with a physician is essential to monitor the disease and prevent and treat any complications that arise.

*Information Courtesy of  
The American College of Gastroenterology*