

Retrospective Study of Inflammatory Bowel Disease and Role of Smoking

KEYWORDS

Ulcerative colitis, inflammatory bowel disease (IBD), Crohn's disease

Dr Sagarkumar Gupta	Dr Jenit P Gandhi
Assistant Professor Department of Surgery Sumandeep Vidyapeeth University Pipariya Vadodara.	Resident Department of Surgery Sumandeep Vidyapeeth University Pipariya Vadodara.
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Dr Honeypalsinh H Maharaul	Dr Rishabh Gadhavi
Assistant professor Department of Surgery Sumandeep Vidyapeeth University Pipariya Vadodara.	Resident Department of Surgery Sumandeep Vidyapeeth University Pipariya Vadodara.

ABSTRACT Background: Ulcerative colitis and Crohn's are form of inflammatory bowel disease (IBD) that causes inflammation and ulcers in the colon. The disease is a type of colitis, which is a group of diseases that cause inflammation of the colon, the largest section of the large intestine, either in segments or completely.

Materials and Method: A retrospective study was conducted at Dhiraj Hospital, Pipariya, Vadodara, India, between October 2014 and October 2015 comprising of 40 cases. Patients with features of inflammatory bowel disease were included in the study. A detailed history and clinical examination was carried out and patients were advised colonoscopy for diagnosis of Ulcerative Colitis and Crohn's disease. Then patients were studied for past history of smoking and its relation IBD.

Conclusion: Smoking has protective effect against Ulcerative Colitis and deleterious effect on Crohn's disease.

Introduction:

Ulcerative colitis and Crohn's disease are chronic inflammatory bowel diseases of unknown aetiology which, although similar in various aspects, exhibit some contrasting features. A typical example is their relationship with cigarette smoking¹. While smoking appears to exert deleterious effects in Crohn's disease^{2, 3}, there is overwhelming epidemiological evidence that smoking protects against ulcerative colitis, the risk of developing the disease being significantly lower in smokers than in non-smokers or former smokers^{3, 4}. The fact that patients with ulcerative colitis who resume or start smoking often experience clinical improvement⁵ prompted attempts to verify the hypothesis that nicotine might be the active component of smoking responsible for the beneficial effects on the course of the disease¹. We have taken to study IBD and history of smoking in our institute.

Materials and Method:

A retrospective study was conducted at Dhiraj Hospital, Pipariya, Vadodara, India, between October 2014 and October 2015 comprising of 40 cases. Patients with features of inflammatory bowel disease were included in the study. A detailed history and clinical examination was carried out and patients were advised colonoscopy for diagnosis of Ulcerative Colitis and Crohn's disease. Then patients were studied for past history of smoking and its relation IBD. Those patients having crohn's disease were grouped as Group A and Ulcerative colitis as Group B.

Discussion:

Total 40 patients were included in our study. There were 27 patients of Ulcerative Colitis (Group B) and 13 patients diagnosed having Crohn's disease (Group A). Total 13 patients were having history of smoking with mean of 22.5 years. In Group A there were 12 patients with history of smoking suggesting its deleterious effect on Crohn's disease while in Group B there was 1 patient having history of smoking suggesting its protective effect. There were many studies carried out for role of nicotine in treatment of Ulcerative colitis⁶ which has proven nicotine having protective effect on ulcerative colitis.

Conclusion:

Smoking has protective effect against Ulcerative Colitis and deleterious effect on Crohn's disease.

1. Guslandi, M. "Nicotine Treatment for Ulcerative Colitis." British Journal of Clinical Pharmacology 48.4 (1999): 481–484. PMC. Web. 3 Nov. 2015. 2. Cottone M, Rosselli M, Orlando A, et al. Smoking habits and recurrence in Crohn's disease.Gastroenterology. 1994;106:643–648. 3. Thomas GO, Rhodes J, Green JT. Inflammatory bowel disease and smoking—a review. Am J Gastroenterol. 1998;93:144–149. 4. Calkins BM. A meta-analysis of the role of smoking in inflammatory bowel disease. Dig Dis Sci.1989;34:1841–1854. 5. Fraga XF, Vergara M, Medina C, et al. Effects of smoking on the presentation and clinical course of inflammatory bowel disease. Eur J Gastroenterol Hepatol. 1997;9:683–687. 6. Srivastava ED, Russell MAH, Feyerabend C, Williams GT, Masterton JG, Rhodes J. Transdermal nicotine in active ulcerative colitis. Eur J Gastroenterol Hepatol. 1991;3:875–878.