



## A Case Of Ulcerative Colitis

### General Medicine

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### ABSTRACT

**Ulcerative colitis (UC)** is a long-term condition that results in inflammation and ulcers of the colon and rectum. The primary symptoms of active disease are abdominal pain and diarrhea mixed with blood. Weight loss, fever, and anemia may also occur. Often, symptoms come on slowly and can range from mild to severe. Symptoms typically occur intermittently with periods of no symptoms between flares. Here I present a case of ulcerative colitis which presented in the initial stage and then responded to the treatment.

### KEYWORDS

MLL - Morel-Lavallee Lesion

#### INTRODUCTION:-

The cause of UC is unknown. Theories involve immune system dysfunction, genetics, changes in the normal gut bacteria, and environmental factors. Rates tend to be higher in the developed world with some proposing this to be the result of less exposure to intestinal infections, or to a Western diet and lifestyle. The removal of the appendix at an early age may be protective. Diagnosis is typically by colonoscopy with tissue biopsies. It is a kind of inflammatory bowel disease (IBD) along with Crohn's disease and microscopic colitis. Dietary changes, such as maintaining a high-calorie diet or lactose-free diet, may improve symptoms. Several medications are used to treat symptoms and bring about and maintain remission, including aminosaliclates such as mesalazine or sulfasalazine, steroids, immunosuppressants such as azathioprine, and biologic therapy. Removal of the colon by surgery may be necessary if the disease is severe, does not respond to treatment, or if complications such as colon cancer develop. Removal of the colon and rectum can cure the disease.<sup>1</sup>

#### Case Report:-

The patient was a unmarried female, aged 22 years who presented with complaints of-  
Blood in stools for the past 15 days.  
Vomiting for the past 01 day.

Patient was well 15 days before admission when she started experiencing blood in stools which occurred along with the loose stools, bright red to maroon coloured. There were 5-6 episodes per day. There was an associated history of pain abdomen present which was diffuse pain present all over. Patient also had history of generalised weakness due to the blood loss which had occurred over the past few days. Patient complained of vomiting which had been present for the previous 1 day. There had been 3-4 episodes of vomiting which were non-projectile in nature. There was no history of fever. There was no history of haematemesis or melaena. There was no past history of similar complaints. There was no history of diabetes mellitus, hypertension, tuberculosis, coronary artery disease, bronchial asthma. There was nothing significant in the treatment history. The family history showed no history of similar complaint, and no history of tuberculosis, diabetes mellitus, hypertension, coronary artery disease. The personal history showed that the patient was vegetarian, no addictions, bowel and bladder normal. The mental history was normal.

On general physical examination, patient was conscious, cooperative, lying comfortably in the bed. The patient was afebrile. The pulse rate was 98/min, regular, other pulse parameters normal. The respiratory rate was 20/min, thoracoabdominal. The BP was 110/70 mmHg, right arm supine. Pallor was present, no icterus, cyanosis, clubbing, lymphadenopathy, edema. The JVP was not raised. Systemic examination was normal.

#### On investigation-

CBC :- Hb : 7.9 gm%  
TC :- 13,900/mm<sup>3</sup>, Polys- 70%  
Platelets: 4.10 Lac/mm<sup>3</sup>  
Bl Urea :- 15 mg%  
Sr. Creatinine :- 0.6 mg%  
Sr. Albumin :- 2.9 gm/l

Sr. AST/ALT :- 12/13 IU/L  
Viral Markers :- Negative  
RBS :- 101 mg%  
Blood Grouping :- B +ve

PTI :- 1.3, ESR :- 120 mm 1 hr  
Malarial Ag :- Negative  
RA Factor :- Negative  
CRP :- Negative, Dengue Serology :- negative  
BT :- 3 min, CT :- 5 min  
Urine Exam: normal. Stool :- 30-40 RBCs/hpf  
ECG : normal, CXR :- normal.

**Colonoscopy :-** Pancolitis – from caecum down the mucosa shows (also upto 10 mm of terminal ileum) upto anorectum, shows hyperemia, granularity, friability, erosions, loss of normal vascular pattern, multiple polyps and pseudopolyps. Biopsy showed ulcerative colitis, moderately severe disease.

Patient was managed conservatively and was started on:-

- Tab Mesacol-OD 2 BD
- Tab Wysolone 30 mg OD
- 2 Blood Transfusion were given
- Inj Monocef 1 gm iv BD
- Inj Metrogyl 500 mg iv TDS
- Inj Pan 40 mg IV OD
- Tab Sporolac DS TDS

The patient responded to the treatment given. The blood in stools decreased over the next few days following the start of the treatment. The patient was discharged in few days later in good general health with an advice to follow up in the OPD. The patient has been on regular follow-ups in the OPD and has improved immensely with treatment and now is not having any blood in stools or loose stools.

#### DISCUSSION:-

The clinical presentation of ulcerative colitis depends on the extent of the disease process. Patients usually present with diarrhea mixed with blood and mucus, of gradual onset that persists for an extended period (weeks). They may also have weight loss and blood on rectal examination. The inflammation caused by the disease along with the chronic bleeding from the GI tract leads to increased rates of anemia. The disease may be accompanied by different degrees of abdominal pain, from mild discomfort to painful bowel movements or painful abdominal cramping with bowel movements.

Ulcerative colitis is associated with a general inflammatory process that can affect many parts of the body. Sometimes, these associated extraintestinal symptoms are the initial signs of the disease, such as painful arthritic knees in teenagers, which also may be seen in adults. A diagnosis of UC may not occur until the onset of intestinal manifestations, however.<sup>2</sup>

As UC is believed to have a systemic (i.e., autoimmune) origin, patients may present with comorbidities leading to symptoms and complications outside the colon. The frequency of such extraintestinal manifestations has been reported as between 6 and 47%, and include:

- Aphthous ulcer of the mouth
- Ophthalmic
  
- Iritis or uveitis, which is inflammation of the eye's iris
- Episcleritis
  
- Musculoskeletal:
  - Seronegative arthritis, which can be a large-joint oligoarthritis (affecting one or two joints), or may affect many small joints of the hands and feet
  - Ankylosing spondylitis, arthritis of the spine
  - Sacroiliitis, arthritis of the lower spine
  
- Cutaneous (related to the skin):
  - Erythema nodosum, which is a panniculitis, or inflammation of subcutaneous tissue involving the lower extremities
  - Pyoderma gangrenosum, which is a painful ulcerating lesion involving the skin
  - Deep venous thrombosis and pulmonary embolism
  - Autoimmune hemolytic anemia
  - Clubbing, a deformity of the ends of the fingers
  - Primary sclerosing cholangitis, a distinct disease that causes inflammation of the bile ducts.<sup>3</sup>

#### CONCLUSION:-

The diagnosis of UC can be made at the initial presentation provide a high index of clinical suspicion is maintained in cases of chronic diarrhoea. Once diagnosed at the initial stage and treated, the complications of the disease from occurring can be prevented.

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