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VERY EARLY ONSET ULCERATIVE COLITIS – CASE REPORT

Pediatrics

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KEYWORDS

INTRODUCTION:

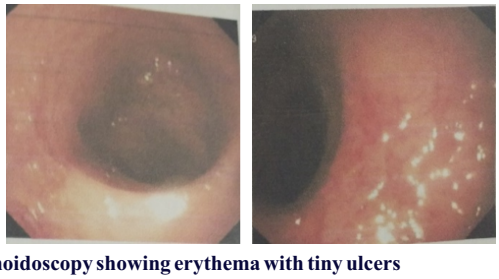
Ulcerative colitis is a chronic idiopathic inflammatory disorder of colon. A bimodal distribution has been shown with an early onset at 10-20 years of age and second, a smaller peak at 50-80 years of age. About 25% of patients present before 20 years of age. Inflammatory bowel disease may be classified according to age at onset : pediatric (<17 years),early (<10 years),very early(<6 years),infant/toddler(0-2 years) and neonatal IBD. Children with very early onset(1% patients) and those <1 year of age (0.2%),have a high incidence of monogenetic causes of Inflammatory bowel disease.

CASE REPORT:

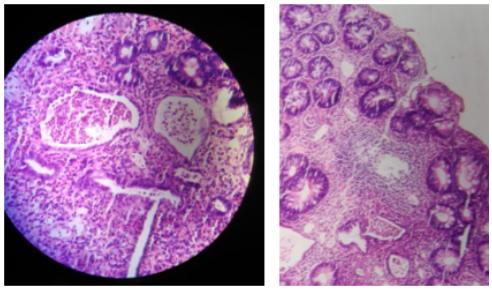
A 4 years old female child, second born to non-consanguinous couple, fully immunized, developmentally normal, belonging to low socioeconomic family and brought by parents with complaints of frequent passage of blood, mucus mixed with stools last 2 months. The frequency was 8-10 episodes/day. Additional symptoms anorexia, fatigue. For this, initially admitted in Private Hospital, diagnosed as amoebic colitis and treated with inj. metronidazole. No history of food allergies. On examination, pallor present, weight for height: -1 and -2SD. No extra intestinal manifestations. Vitals and systems – normal.

INVESTIGATIONS:

CBC – haemoglobin : 11.7 gm%, WBC : 8000, PLT : 4.1 lakhs, ESR – 26mm/hour. CRP – positive. Stool for ova and cyst: negative. USG abdomen: mild circumference wall thickening involving descending colon and sigmoid colon of max. 9mm thickness with pericolic fat thickening – colitis. Sigmoidoscopy : s/o proctosigmoiditis. Colonic biopsy shows features of ulcerative colitis.



Sigmoidoscopy showing erythema with tiny ulcers



HPE of Colon showing cryptitis, crypt abscesses and neutrophilic infiltrations in lamina propria

TREATMENT:

Initially she was treated with ORS, Zinc, inj. Metronidazole, inj. Ciprofloxacin. After confirming diagnosis, meselamine added and symptoms improved after 3 days and subsequently discharged with meselamine and review after 2 weeks later.

DISCUSSION:

Ulcerative colitis is a multifactorial disease characterized by remission and relapse. Both genetic and environmental influences as well as abnormality in intestinal mucosal immunoregulation may play role in pathogenesis of the disease. The most common presenting symptoms in ulcerative colitis include passage of blood and mucus mixed with stools, diarrhoea, pain abdomen, tenesmus, fever, anorexia and weight loss. If any children presents with repeated diarrhoea and bloody stools ulcerative colitis could be an important differential diagnosis.

CONCLUSION:

A differential diagnosis of bloody diarrhoea in youngest children should include age-typical reasons such as GI infections, food allergies, but IBD should also be considered.

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1. Nelson Textbook of Pediatrics- 21th edition
2. Robbins & Cotran pathological basis of diseases.