



inflammatory Bowel Disease

Clinical Cases

Jonas Johannink

Learning objectives

- Clinical presentation
- Epidemiology
- Pathogenesis
- Diagnostic procedures
- Therapy
 - Drugs
 - Surgery

Clinical presentation

- Diarrhea longer than 4 weeks
- More than 2 Bowel Movements per day
- Fluid or thin Defecation
- Abdominal pain
- Blood or Mucus in stool

→ Inflammatory Bowel disease possible

Time to Diagnosis

	Deutschland: Internet-Befragung der DCCV (Median)		Schweizer Kohortenstudie	
	Monate	Spannweite in Monaten	Monate	Spannweite in Monaten
Zeit zwischen Auftreten der ersten Symptome und Aufsuchen eines Arztes	2	0-171	1,5	0-456
Zeit nach dem ersten Aufsuchen eines Arztes bis zur Diagnosestellung	6	0-207	3	0-516

Quelle: modifiziert nach Vavricka et al. 2012, Bauchredner 2012

Some words on Epidemiology

- Incidence:

- Crohn's Disease 0,5-6,3 / 100 000
- Ulcerative Colitis 1,3-15,1 / 100 000

- Prevalence:

- Crohn's Disease 10-70 / 100 000
- Ulcerative Colitis 20-130 / 100 000

Difference City and rural life

- Rural Life with Life- Stock
- Protective
- Only in the first years of upbringing

Risk of the Genetics

- Risk of 2-10% relatives 1. Grade
- Up to 50% Increase in Prevalence in Siblings
- Up to 100% Increase in Prevalence in Children of Patients with disease

Yang H, Rotter JI. In: Inflammatory Bowel Disease. From Bench to Bedside. 1993:32-64.

Crohn's Disease: Definition

- subacute or chronic inflammation of the gastrointestinal tract (from mouth to anus)
- Abdominal cramps, pain,
- Weight loss
- Diarrhea
- Fever
- Localized inflammation with erosions, fissura, Ulcera

Crohn's Disease: Finding the Diagnosis

- Anamnesis and clinical Presentation
- Ileokoloskopie with sample biopsies
 - Survey of the complete gastrointestinal tract
- Hydro MRT, Rö Sellink, capsule endoscopy, Ösophagogastroduodenoskopy
- Ultrasound (intraabdominal mass)
- Laboratory Check: Infection markers, vitamin deficiency, Bacteriology

A patient with

- Abdominal Pain
- Resistance palpabel in the right lower quadrant
- Impossibility of food or fluid intake
- 11kg weight loss in one Week
- Last Defacation 4 days before

First thoughts?

- Tumor?
- Malignancy?
- Bowel Obstruction?

Anamnesis includes History

- Know Crohn's Disease
 - First Resection of the ileocecal Region 1985
 - Resection of the Anastomosis in 1992 and 997
 - In 2008 Resection of a Part of the new Ileum and the Colon creation of a new Anastomosis

Therapy

- Parenteral liquid and symptomatic therapy
- Acute Phase: Cortison
- Bacterial contamination: Antibiotic drug (targeted)
- Remission Control Azathioprin
- But:
 - Pulmonary infections
 - Patient refused continuous drug treatment due to side effects

Ulcerative Colitis

- Recurrent inflammatory ulcerative Disease of the Colon and Rectum
- Symptoms:
 - Diarrhea
 - Bleeding
 - Abdominal cramps
 - Loss of appetite and weight
- Diffuse inflammation with ulcerations, abscesses, Infiltration

Ulcerative Colitis: Diagnosis

- History Taking
- Clinical presentation
- Ileocolonoscopy with sample probes
- Ultrasound
- Laboratory marker for inflammation and Bacteriology

Problems: extrabowel manifestations

Primary sclerosing

Cholangitis

- Affects the liver bile ducts
- 5-10% Development of a Cholangiocarcinoma
- Transplantation often needed

Ulcerative Colitis patient

- 24 year old girl (student)
- Since 6 weeks recurrent Diarrhea
 - Since one week with blood
 - After questioning: often Mucus like Defacation
- Abdominal pain
 - Regular intake of Pain Killer Paracetamol
- Clinical examination:
 - Diffuse Pain over the complete abdomen
 - No Peritonitis signs

Therapy

- Drug therapy
 - Acute Cortison
 - Mesalazin (Acetylsalicate)
 - Biological Therapy with antibodies
- Surgery only when the drug regiment fails
 - Healing of Colitis possible with removal of the colon
 - But!
 - You need a pouch
 - Or a oostomy

Universitätsklinikum Tübingen

**Kompetenz
mit Herz**

www.uniklinikum-tuebingen.de

Thanks for your Attention!

Questions!

