Pattern of ulcerative colitis in Nasiriyah

"Evaluation of 157 cases"

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ABSTRACT

Of a total of 3325 patients who underwent lower gastrointestinal endoscopy during 2008-2014, 170 (5.1%) patients had a diagnosis of ulcerative colitis. Of those patients 13 (7.6%) were already diagnosed as ulcerative colitis and attending the gastrointestinal unit for follow up while 157 (92.4%) are newly diagnosed. Among the newly diagnosed patients 94 (59.9%) are males and 63 (40.1%) are females, with age onset range from 5-75 years and average age 39.5 years. Hematochasia is the most frequent clinical symptom (39.5%) followed by bloody diarrhea (33.1%) while weight loss is the least frequent (2.5%). Left sided ulcerative colitis is the more common site of involvement 66 (42%) while proctosigmoiditis is the least common 20 (12.7%). Grade I & II are the most common endoscopic grading 93 (59.3%) while grade IV 24 (15.9%) is the least common.

Aim: this study is aimed to analyze cases of ulcerative colitis disease in Thi-Qar patients who had been diagnosed at the gastrointestinal unit in Al Hussain -Teaching hospital.

Conclusion:

1. ulcerative colitis is not uncommon in our observation.
2. Most cases are of left sided colitis with I& II endoscopic grades.

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Introduction:

Ulcerative colitis (UC) is a chronic inflammatory disorder of the large bowel characterized by diffuse mucosal inflammation limited to the colon with histological features of crypt distortion, cryptitis, mucosa depletion and chronic inflammatory cell infiltration (Figure-1).[1,2] It involves the rectum in about 95 % of cases and may extend proximally in a symmetrical, circumferential, and uninterrupted pattern to involve parts or all of the large intestine[1].

Ulcerative colitis usually affects young people, greatly impacting their health and activity levels. The affected patients may present with chronic blood and passage of mucous in the stool in mild forms of the disease to severe bloody diarrhea, abdominal pain & tenesemus, fever, weight loss, and toxic megacolon in severe cases.[1] Extra-intestinal manifestations can be seen including migratory polyarthritis, sacroiliitis, ankylosing spondylitis, uveitis, skin lesions, pericholangitis, and primary sclerosing cholangitis.[2] Although the disease primarily affect the colonic mucosa; the extent and the severity of the colonic involvement are variable.[3] Based on the extent of the colorectal involvement four types of disease distribution are recognized 1) ulcerative proctitis 2) proctosigmoiditis 3) subtotal colitis and 4) pancolitis.[4] Jewell`s endoscopic disease severity grades include (0) normal (1) loss of vascular pattern (2) granular non friable mucosa (3) friability on rubbing (4) spontaneous bleeding and ulceration.[5]

Material and method:

A retrospective evaluation of all lower gastrointestinal (LGI) endoscopies during the period 2008-2014 at AL Hussain Teaching Hospital was performed. Of all such cases only those who had an endoscopic and radiologic examination, histological biopsies with microbial investigation consist with ulcerative colitis were included. The medical records were reviewed for patients age, gender, extent of the disease, endoscopic grading & gastrointestinal symptoms. Extra intestinal manifestations of the diseased patients are not studied.
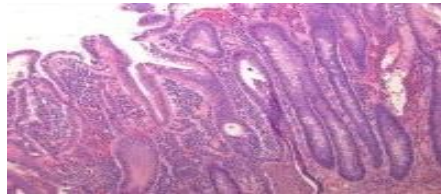
Results:

Of a total of 3325 patients who underwent lower gastrointestinal endoscopies during the 7 years period, 170 (5.1%) patients diagnosed as ulcerative colitis were collected. From those patients13(7.6%) had a previous diagnosis & attending the gastrointestinal unit for follow up. 157 (92.4%) were newly diagnosed.

Among the newly diagnosed patients 94 (59.9%) were males and 63 (40.1) were females with age onset range from 5-75 years. The disease has a peak incidence in 20-49years 102 patients (65%) while only 11 patients (7%) were under 19 years of age and 44 patients (28%) were above age 50 years. Hematochasia, bloody diarrhea , abdominal pain are the most frequent clinical symptoms (39.5%),

(33.1%),(16.6%) respectively while weight loss is the least frequent (2.5%) . Table 1 Left sided ulcerative colitis is the more common site of involvement 66 (42%) while proctosigmoiditis is the least common 20 (12.7%). Table 2 Grade I & II are the most common endoscopic grading 93 (59.3%) while grade IV 24 (15.9%) is the least common. Table 3

Figure 1:- Chronic ulcerative colitis with architectural changes including crypt branching and irregularity of size and shape, with an increase in chronic inflammatory cells in the lamina propria.

Clinical signs	Number	Percent
Bloody Diarrhea	52	33.1%
Hematochasia	62	39.5%
Abdominal pain	26	16.6%
Weight loss	4	2.5%
Tenesmus	13	8.3%
Total	157	100%

Table 1: prominent complaint of patients with ulcerative colitis

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The extent of the disease	Number	Percent
Proctitis	45	28.7%
Proctosigmoiditis	20	12.7%
Left side colitis	66	42%
Pancolitis	26	16.6%
Total	157	100%

Table 2: the extent of the ulcerative colitis

Endoscopic grades	Number	Percent
Grade I	46	29.3%
Grade II	47	30%
Grade III	39	24.8%
Grade IV	24	15.9%
Total	157	100%

Table 3: The endoscopic grades of ulcerative colitis

Discussion:

Ulcerative colitis more commonly involved males (59.9%). This pattern is similar to the previous study from Riyadh,[6] but is unlike that from Iran[7] . this difference may related to the custom that males are likely to seek medical advice more commonly than females in relation to colorectal disease. The age range was 5-75 years The disease commonly involves the 20-49 age (65%), similar to that reported from Iran.[7] Only 7% of patients were under 19 years of age while 28% were above the age of 50. This age pattern is similar to that reported from Turkey,[8] where they had only 11,3% under 20 years and 19.1% above 50 years of age .

Hematochesia (39.5%) bloody diarrhea (33.1%) were the most common symptoms; it is unlike that from Thailand were bloody diarrhea was the commonest presentation.[9]

Ulcerative colitis seen in our patients is generally of low grade. About 72% had either grade I or grade II which is lower than a figure of 91%-92% reported by studies from Kuwait,Iran.[7,10] and from Riyadh.[6]

In our patients the disease was less extensive with a low stage (stage I and II) occurring in 91% of cases comparable to 89.7% from turkey,[8] 86% from Kuwait[10] and 73% from Riyadh.[6]

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الخلاصة

من مجموع 3325 مريض تم فحصهم بناظور الأمعاء السفلي خلال فترة 2008-2014 , 170 (5.1%) مريض تم تشخيصهم بالتهاب القولون التقرحي. من هؤلاء المرضى 13 (7.6%) مريض كانوا أصلا مشخصين بألتهاب القولون التقرحي وكانوا يحضرون إلى وحدة الجهاز الهضمي لغرض المتابعة. بينما 157 (92.4%) مريض تم تشخيصهم حديثا.من ضمن المرضى المشخصين حديثا كان نسبة الرجال(59.9%.) والنساء (40.1%). المعدل العمري لبداية المرض 5-75 سنة وبمعدل 39.5 سنة. النزف من المستقيم هو العلامة السريرية الأكثر شيوعا (39.5%) متبوعا بالإسهال الدموي (33.1%) في حين إن نقصان الوزن هو اقل العلامات السريرية شيوعا (2.5%).التهاب القولون التقرحي الأيسر هو أكثر أماكن القولون إصابة 66 (42%) بينما إصابات المستقيم والقولون السيني هي الأقل شيوعا20 (12.7%). إن درجة المرض الناظورية الأولى والثانية هما الأكثر شيوعا 93 (59.3%) بينما الدرجة الرابعة هي الأقل شيوعا 29 (15.9%).

الهدف:- هذه الدراسة تهدف إلى تحليل حالات التهاب القولون التقرحي لمرضى محافظة ذي قار والذين تم تشخيصهم في وحدة الجهاز الهضمي في م. الحسين التعليمي.

الاستنتاجات:-

١. التهاب القولون التقرحي انه ليس غير مألوف ضمن ملاحظاتنا.

٢.معظم حالات التهاب القولون التقرحي هي من النوع الأيسر , ومن الدرجة الناظورية الأولى والثانية.