

INFLAMMATORY BOWEL DISEASE

What is inflammatory bowel disease?

Inflammatory bowel disease is the name given to several similar disorders of the intestine. The primary problem in inflammatory bowel disease is that the lining of the intestine is irritated, tender and easily damaged. When the lining of the small intestine is inflamed and irritated, this is called ileitis or enteritis. When the large intestine (colon) is involved, this is termed colitis. Inflammation of the rectum is called proctitis.

Is there more than one type of inflammation?

There are three patterns of intestinal inflammation. In ulcerative colitis, the inflammation usually is confined to all or part of the colon. The second pattern, Crohn's disease, affects the small intestine and/or the colon. A third type, called proctitis, is a milder form of inflammatory bowel disease in which the disease is usually limited to the rectum.

What are the symptoms of inflammatory bowel disease?

The usual symptoms of inflammatory bowel disease are diarrhea, with or without blood, and abdominal cramping. In more severe cases, fever, weight loss and weakness are found. The symptoms may evolve quite slowly, over several weeks or months, or may begin suddenly.

What causes inflammatory bowel disease?

The cause remains unknown. It does not appear to be an infection with any known bacteria or virus. The underlying problem seems to involve an allergic reaction in which some cells in the body make antibodies to attack other cells in the body. This reaction appears to take place in the wall of the intestine. This is similar to what happens in patients with rheumatoid arthritis. The inciting cause of this cascade of events is unknown.

Are these problems caused by emotional problems?

There is no evidence that emotional problems, tension or stress cause these disorders. However, once the inflammation is present, high levels of emotional tension or stress can aggravate the condition.

How can inflammatory bowel disease be detected?

Examination of the rectum and lower colon in the physician's office is the simplest way to detect this disorder, but this method is only helpful if the rectum is involved in the inflammatory process. If other areas of the intestine are involved, x-rays using barium may be used. This can be either barium enema (lower GI series) for examination of the colon, or an upper GI series for examination of the stomach and small intestine. Another method of diagnosis, colonoscopy, involves the use of a long flexible instrument which can examine the entire large intestine. Tests of the blood and stool are also of value in some cases, but these tests are more helpful in following the progress of treatment rather than in its detection.

What treatment is available for inflammatory bowel disease?

Treatment may be considered in three categories:

First, a specific diet used to be considered important in the treatment of these disorders. Now, however, eating a balanced diet is felt to be more important than focusing on specific foods to eat or avoid. If particular foods, such as rough foods, milk or citrus fruits or fruit juices are bothersome, they should be avoided. Otherwise, there are no dietary restrictions.

The second line of treatment involves medication. Since the specific cause of the inflammatory bowel disease is not known, it is difficult to find medication for treatment. However, there are some medications of definite value. Sulfasalazine, prednisone, metronidazole and azothiaprine are drugs which may be used, either individually or in combination, to reduce inflammation of the bowel.

The third course of therapy rests with operative intervention. In cases where medications are not effective in controlling the course of the disease, portions of the intestine may have to be surgically removed; this is due to ongoing intestinal inflammation, scarring, obstruction of the intestine or infections which can develop as a result of severe inflammation. In most situations, a diseased

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segment of intestine can be removed and the remaining segments spliced back together inside the abdomen.

Do patients with inflammatory bowel disease have a higher risk of cancer?

In some categories of the disease, the risk of developing cancer of the large intestine is higher than in the unaffected population. Patients most affected are those with involvement of the entire colon, who have had the disease longer than ten years. Inflammatory bowel disease affecting other portions of the intestine is associated with minimal or no increased risk of cancer.

Is further research is being done on these diseases?

Many research projects are being carried out, all over the world, both to discover more about the causes of these diseases as well as to find better drugs and surgical treatment for them. It is hoped that soon, more of these answers will be available.