

Ulcerative Colitis

What is it?

Ulcerative Colitis (U.C) is a chronic (long lasting) inflammation of the lining of the colon (large bowel) and rectum. The lining becomes inflamed and ulcerated. The inflammation may be limited to the rectum (proctitis) or affect the whole of the colon and rectum. This disease is one of a group of conditions known as Inflammatory Bowel Disease (IBD).

Causes

There is no known cause of U.C. It is not thought to be hereditary but may be more common in some families.

Incidence

The condition tends to affect adolescents and occasionally younger children. IBD tends to affect about 1 in 500 in the UK and affects both sexes equally.

Signs and Symptoms

U.C can present in a variety of ways. The onset of U.C can be sudden or gradual, and the symptoms can come and go.

Common symptoms can include:

- ▶ bloody diarrhoea
- ▶ abdominal pain
- ▶ weight loss and poor growth
- ▶ anorexia (poor appetite)
- ▶ tiredness
- ▶ possible delayed puberty
- ▶ nausea and vomiting
- ▶ anaemia

Children with U.C may also develop problems in other parts of the body such as arthritis, mouth ulcers, conjunctivitis and skin lesions.



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Investigations

Diagnosis can only be made after a series of investigations. The aim is to accurately assess the exact nature and extent of the disease in order to commence appropriate management.

Diagnostic tests may include:

- ▶ plain abdominal x-ray
- ▶ barium enema
- ▶ endoscopic investigations and biopsies under general anaesthetic or sedation
- ▶ samples of blood, stool and urine for testing

Treatment

The symptoms of U.C are many and varied and may change over time. There may be periods of acute illness and times when your child is well. It can be an unpredictable disease. Treatment is given to encourage remission and manage symptoms as they occur.

Nutrition

Most people with U.C should eat a normal diet to maintain their normal growth and development. Some children may be advised to have a special diet with supplements to help reduce disease symptoms.

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Medicines

Various drugs that can be used include:

1. 5 ASA (aminosalicyclic acid)

A group of drugs used to reduce the frequency of flare-ups. It should be taken regularly even when the child is well.

2. Steroids

These are used to treat flare-ups, but they do not prevent them. Steroid treatment should never be stopped abruptly, even after surgery. The dose should always be tailed-off gradually under the supervision of their doctor.

3. Immuno-suppressants

Similar to steroids, and used to reduce inflammation by suppressing the immune system. They do not have the same side effects as steroids but your child will be more susceptible to infections because of their suppressed immune system.

4. Antibiotics

An antibiotic is used to treat infections associated with bowel disease.

Surgery

Surgical treatment will be advised if:

- ▶ medical treatments fail to control disease
- ▶ medical treatments result in severe side effects



There are several surgical procedures that can be considered:

1. Sub-total colectomy and ileostomy

The removal of all of the colon. The rectum and anus are left in place.

2. Proctocolectomy and ileostomy

The whole of the colon and rectum are removed. The anus is left in place.

3. Pan-proctocolectomy and ileostomy

The whole of the colon, rectum and anus are removed. This results in a permanent ileostomy.

4. Sub-total colectomy and ileorectal anastomosis (join)

The colon is removed, the mucous lining of the rectum is removed and the ileum joined to the rectum.

5. ileo-anal pouch (IAP) or ileo pouch anal anastomosis (IPAA)

The colon and rectum are removed. An internal pouch is constructed from a piece of small bowel. The pouch is joined to the anus. This operation is commonly done in stages and may include the formation of a temporary ileostomy.

Each of these surgical options has advantages and disadvantages. These procedures can be fully discussed with you and your child.

Potential Problems

The complications of U.C can include a recurrence of any of the previously mentioned signs and symptoms.

