

Ulcerative Colitis

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Patient History.

Male, 26 years old. Patient is a biologist and works in a lab. He smokes and rarely exercises expect for an occasional walk.

Patient present with abdominal pain, bloody stool, fever, and loss of appetite. The pain started 3 hours ago and is at a 8/10.

Patient has had a history of anemia and chronic diarrhea (often bloody). His family has a history of colon cancer. He is on no medications.

Physical Examination Findings

Vital Signs

- HR: 110 bpm
- RR: 24 breath per minute
- BP: 115/70
- SpO2: 96%

Differential Diagnosis

1. Crohn's Disease

2. Irritable Bowel Syndrome (IBS)

3. Infectious Colitis

Chronic, relapsing bloody diarrhea, urgency, and abdominal cramping, which is characteristic of UC.

Negative infectious stool studies rule out infectious Colitis.

No skip lesions or deep transmural inflammation, making Crohn's disease less likely.

Diagnostic Workup

Tests:

Blood tests: check for anemia, check for signs of infection

Stool studies: Certain proteins in stool can suggest a diagnosis of ulcerative colitis

Colonoscopy: A tissue sample (biopsy) is necessary to make the diagnosis.

Flexible sigmoidoscopy: If the colon is severely inflamed, this may be done instead of a full colonoscopy.

Abdominal x-ray: can be considered to rule out serious complications, such as a perforated colon.

CT scan of the abdomen or pelvis is performed if a complication is suspected

Management Plan

Pharmaceutical Treatment Plan

Anti-inflammatory drugs

Oral 5-aminosalicylates, Corticosteroids

Immunomodulators

Azathioprine, Mercaptopurine, Cyclosporine

Biologics

Infliximab, adalimumab, golimumab, Vedolizumab, Ustekinumab

Mirikizumab, Risankizumab

Small molecules

Tofacitinib, upadacitinib, filgotinib, Ozanimod

Surgery

Proctocolectomy

Non Pharmaceutical/Lifestyle

- Avoid dairy, high-fiber foods, spicy foods, and caffeine
- Hydration
- Stress management
- Good sleep

Follow up

If treatment is done properly, the patient would most likely have the ability to manage symptoms, achieve long-term remission, and live a relatively normal life expectancy. If patient neglects to follow treatment plan, it will result in worsening symptoms, potential complications, and an increased risk of colon cancer. This disease is chronic so it will never go away but it can be manageable.

Sources

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