IBD and Colitis

• Heidrun Rotterdam, M.D.

Colitis: Causes

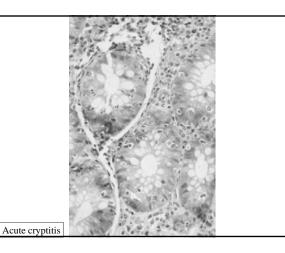
- Infection (viral, bacterial, fungal, parasitic)
- Toxicity (drugs)
- Allergy
- Ischemia
- Radiation
- Graft-vs-host disease
- Idiopathic

Idiopathic Inflammatory Bowel Disease (IBD)

- Incidence:1-2 million Americans
- Frequent in Jews (Ashkenazi)
- Genetic predisposition: 1st degree family members 30-100 times; twin studies
- Candidate genes on chromosomes 12 and 16
- Interaction of epithelial factors (trefoil factors) and immune system factors (interleukins, IFN-gamma, TNF)

Idiopathic Inflammatory Bowel Disease Definition

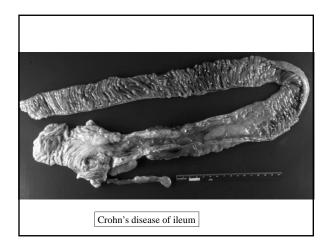
- Chronic relapsing inflammatory disease
- Unknown etiology
- Exacerbations
- Remissions
- · Bloody diarrhea

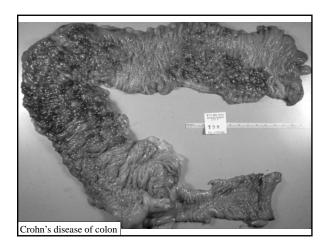


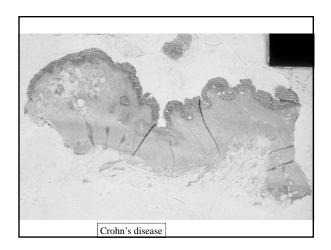
Crohn's Disease

Classification

- Terminal ileitis (40%)
- Ileocolitis (30%)
- Colitis (30%)
- Upper GI Crohn's disease (2 20%)



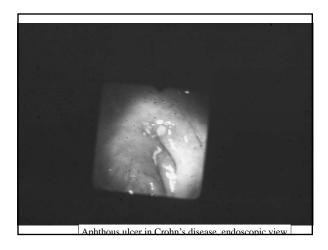


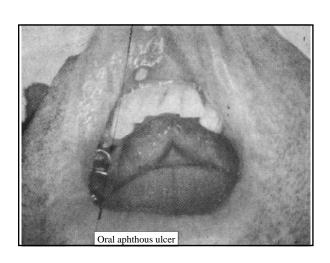


Crohn's Disease

Macroscopic Pathology

- Segmental
- Skip areas
- Stiff thickened bowel wall
- Linear ulcers
- Cobblestone mucosa
- Creeping fat
- Rectal sparing

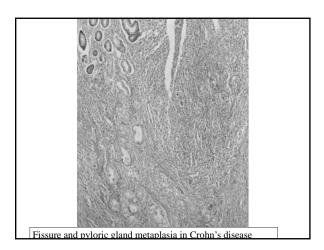


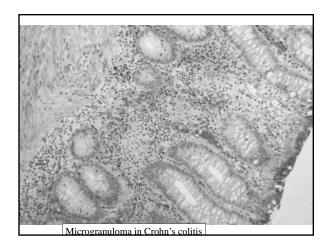


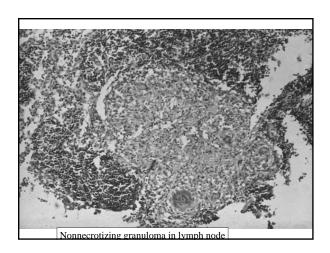
Crohn's Disease

Microscopic Pathology

- Necrosis of individual epithelial cells
- Cryptitis and crypt abscesses
- Aphthoid ulcers
- Fissures
- Patchy chronic inflammation, transmural
- Granulomas
- Crypt irregularity
- Metaplasia: Paneth cell, pyloric



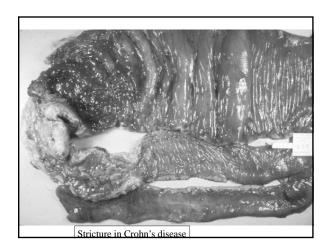




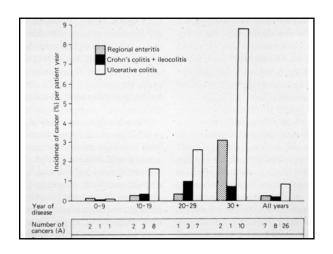
Crohn's Disease

Complications

- Stricture
- Fistulae
- Dysplasia
- Cancer (4 20x)



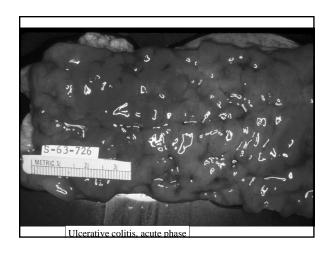


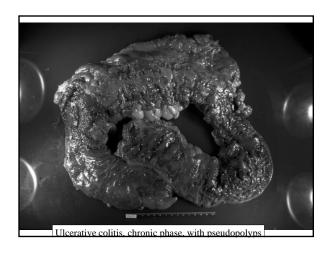


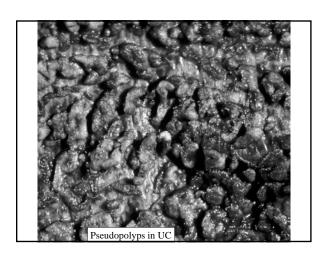
Ulcerative Colitis

Classification

- Ulcerative proctitis / proctosigmoiditis (60 80%)
- Left-sided colitis (30 40%)
- Extensive colitis / pancolitis (10 20%)





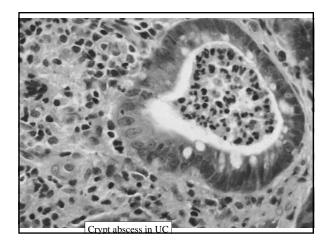


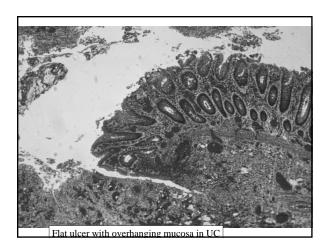
Ulcerative Colitis

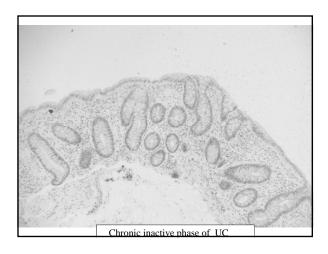
Macroscopic Pathology

- Diffuse colitis, usually most marked distally
- Red friable mucosa
- · Broad-based ulcers
- Pseudopolyps
- Shortened colon
- · Backwash ileitis









Ulcerative Colitis

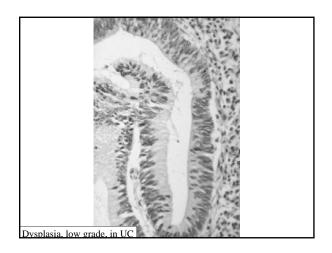
Microscopic Pathology

- Diffuse mucosal inflammation (plasma cells, lymphocytes, eosinophils, neutrophils)
- Cryptitis
- Crypt abscesses
- Ulcers
- Crypt irregularity and atrophy
- Metaplasia: Paneth cell

Ulcerative Colitis

Complications

- Toxic megacolon
- Dysplasia
- Carcinoma:
 - 2% after 20 years of left-sided colitis
 - 10% after 20 years of pancolitis
 - 15 20% after 30 years of pancolitis



	Implications for Patient
Biopsy Classification	Management
Negative	
Normal mucosa	
Inactive (quiescent)	Continue regular follow-up
colitis	
Active colitis	
· Indefinite	
Probably negative	
Unknown	Institute short-interval follow-up
Probably positive	
Positive	
Low-grade dysplasia	Institute short-interval follow-up
	or
	Consider colectomy, espe- cially with gross lesion,
	after dysplasia is con firmed
High-grade dysplasia	Consider colectomy after

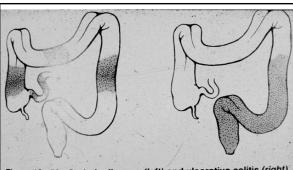
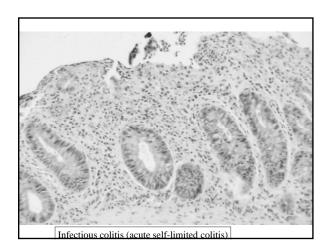
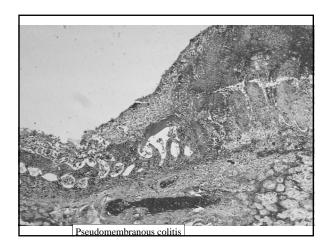


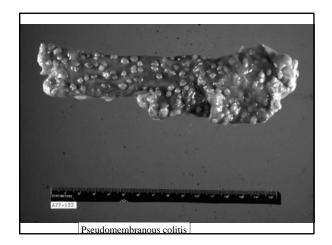
Figure 18–50. Crohn's disease (left) and ulcerative colitis (right). While Crohn's disease typically involves the small and large intestine in a segmental manner with intervening "skip" areas, ulcerative colitis is generally a disease of contiguity that starts in the rectum and progresses in a retrograde fashion to involve varying

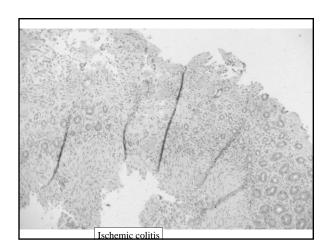
IBD: Differential Diagnosis

- Infectious colitis
- Ischemic colitis
- Microscopic colitis
- Irritable bowel syndrome (IBS)



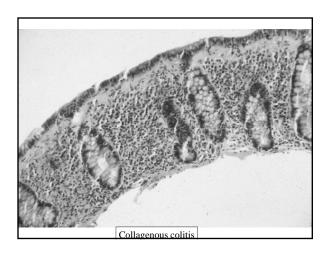






Microscopic Colitis

- Lymphocytic colitis: lymphocytic infiltration of surface and crypt epithelium, increased inflammatory cells in the lamina propria
- Collagenous colitis: same as above plus increased subepithelial collagen
- Clinical: watery diarrhea, endoscopically normal colon, middle aged adults
- Cause: unknown, association with celiac disease, multiple drugs, family hx of intestinal diseases



Diarrhea in AIDS

- Cryptosporidiosis
- Microsporidiosis
- Isosporiasis
- Cyclosporiasis
- CMV colitis
- · MAC enterocolitis
- HIV enteropathy

