

### Surgery:

Approx. 20% of pts will need surgery.

**Indications:** Perforation, massive haemorrhage, toxic dilatation, failed medical therapy.

- e.g. **proctocolectomy + terminal ileostomy**
- **Colectomy with ileo-anal pouch later**
- **Total colectomy**
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- **Immunomodulation (suppression of inflammatory processes) is needed when steroids cannot maintain remission or prolonged use is needed. Examples include:**
  - Azathioprine
  - Methotrexate
  - Infliximab
  - Ciclosporin
  - Adalimumab

### **Maintaining remission:**

- **5-ASAs** (e.g. sulfasalazine, mesalazine or olsalazine - maintenance continues for life)
- **Sulfasalazine is 1st line**

After full investigation, the IBD may not obviously be either Crohn's or UC as it has UC characteristics but may be transmural + skip lesions => diagnosed as **intermediate colitis**.

### Crohn's disease (CD)

Crohn's disease is a chronic inflammatory bowel condition that can affect any part of the GI tract from **MOUTH TO ANUS** (whereas UC only affects rectum + colon). Unlike UC which only causes inflammation of the mucosa, Crohn's disease causes **TRANSMURAL** (full thickness i.e. involves all layers of the wall) **granulomatous inflammation** of the GI tract. It is a **relapse & remitting** disease = gets times of acute exacerbation & times of remission where the disease is not as active.

- The areas of the GI tract that are most affected are the **terminal ileum** (70% of pts) & the **proximal colon**.
  - There are **SKIP LESIONS** which means the inflammation is not continuous like in UC - some areas of bowel are left unaffected.
  - Like UC the cause is idiopathic (unknown) but mutations in the **NOD2/CARD15** genes increase risk.
  - Men & women are equally likely to be affected but Crohn's tends to be more common in **DEVELOPED COUNTRIES** - it is also a disease of young people with presentation mostly at **20-40years**.
  - The onset of Crohn's has 2 different age peaks. The first larger peak occurs at ages **15 - 30** years. The second smaller peak occurs at ages **60 - 80** years.
  - Smoking increases risk of development X 3/4 (unlike UC where smoking is protective).
  - NSAIDs may exacerbate disease
- > **30%** of patients have small bowel involvement only  
—> **30%** of patients have large bowel involvement only  
—> **40%** of patients have involvement of both small & large bowel