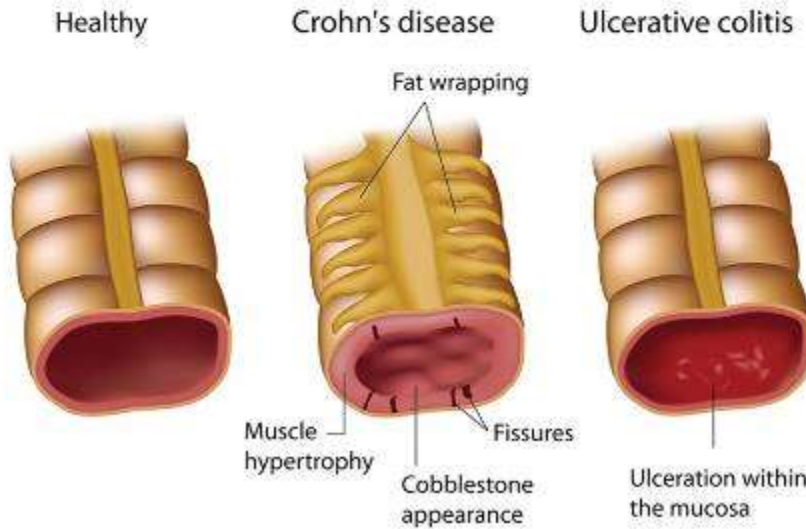


**XVII. Diseases of the Digestive System**

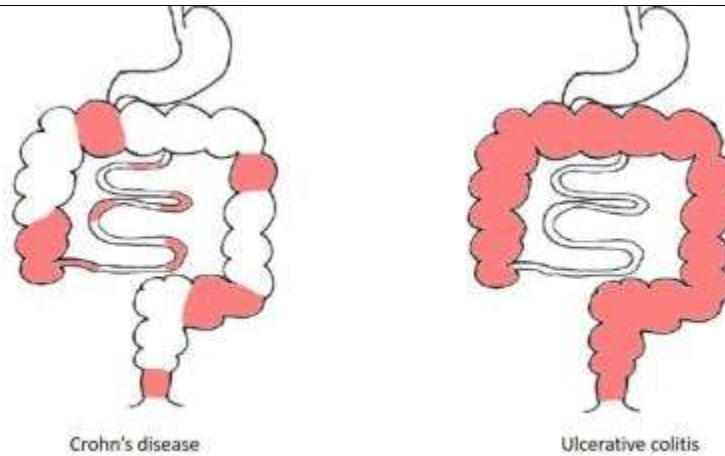
<b>Idiopathic Ulcers</b>	<b>Inflammatory Bowel Disease (IBD)</b>		
<i>A piece of large intestine:</i>	<i>Shows:</i>	<ul style="list-style-type: none"> <li>• <i>Normal healthy areas</i></li> <li>• <i>Areas with ulcerations</i></li> </ul>	
	<i>Ulcers:</i>	<ul style="list-style-type: none"> <li>• <i>Numerous</i></li> <li>• <i>Variable in size and shape</i></li> <li>• <i>Superficial</i></li> <li>• <i>Hyperaemic margins</i></li> <li>• <i>Irregular edges</i></li> </ul>	

**Inflammatory Bowel Disease**



**N.B.1:**

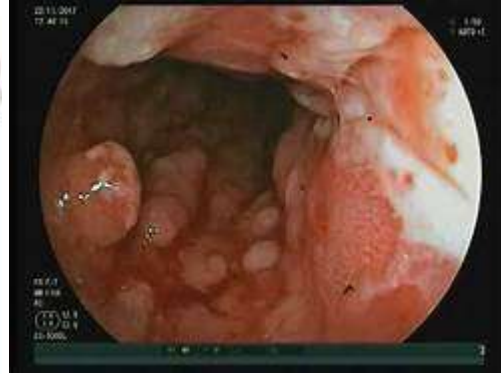
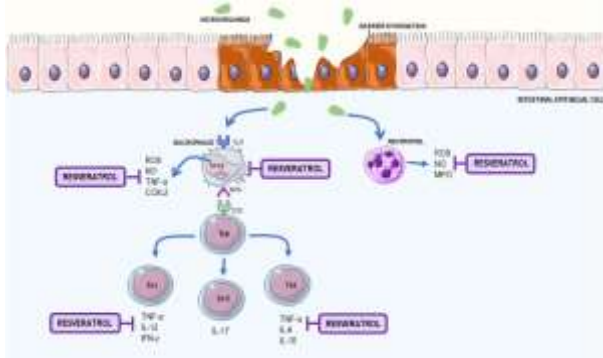
- *Before considering the ulcers as idiopathic, other causes of ulceration in the intestine must be excluded.*
- *Ascertain that there are: No sandy patches or Bilharzial polypi.*
- *No lesions referring to uremia or Leukaemia.*



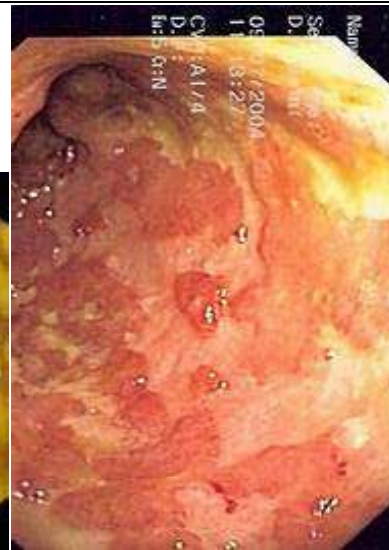
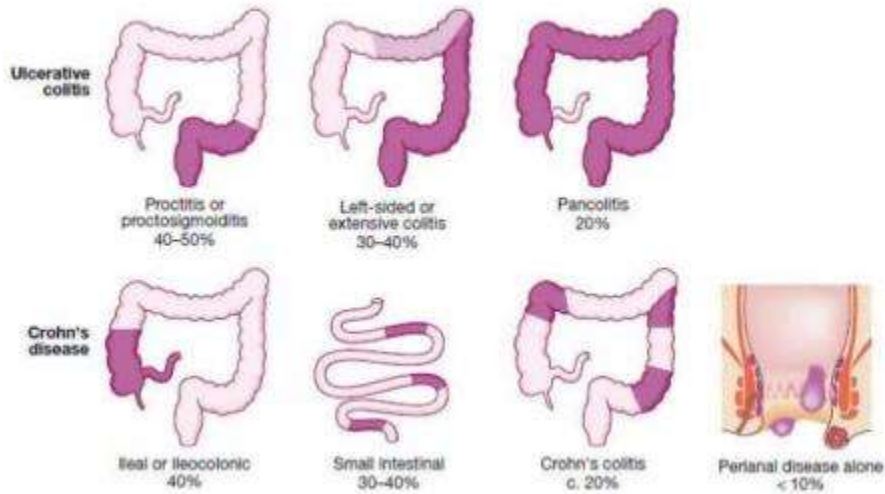
**N.B.2:**

- *The ulcers start as pin-point haemorrhagic mucosal foci, then as small defects due to*

*superficial sloughing then deeper excavating ulcers which coalesce → large irregular destructive defects in between which the elevated parts of unaffected mucosa appear as pseudo-polyp formations in association with marked non-specific inflammatory reaction at the margins and base of ulcers.*



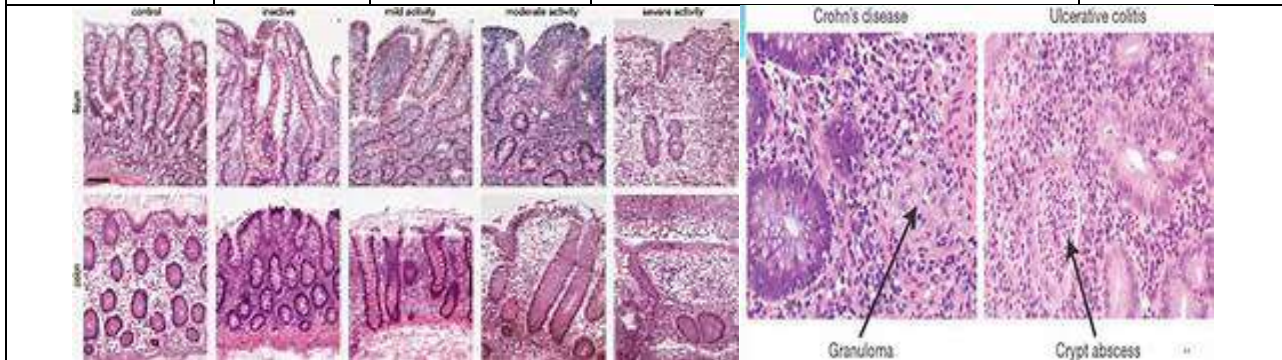
**Common patterns of disease distribution in inflammatory bowel disease.**

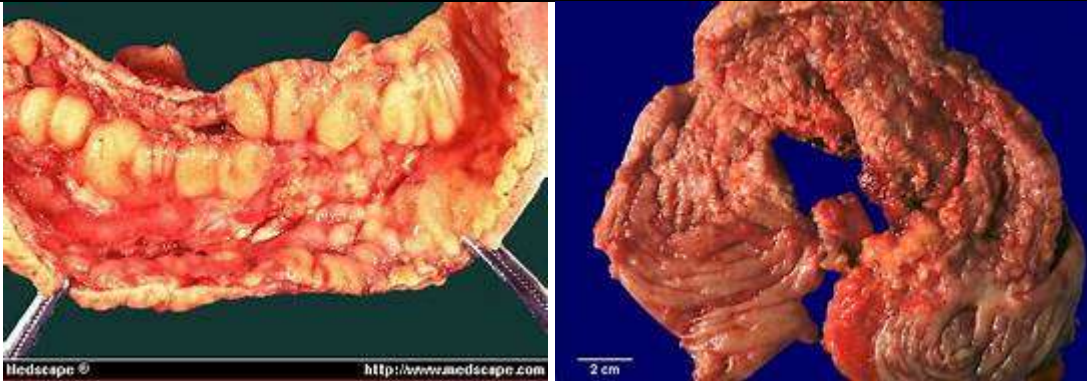




**Idiopathic Ulcers (non-specific ulcerative colitis)**

<p><i>A piece of large intestine:</i></p>	<ul style="list-style-type: none"> <li>• Shows congested mucosa</li> <li>• Multiple petechial haemorrhages</li> <li>• Pseudo-polypoid formations</li> <li>• Scattered ulcers</li> </ul>		
	<p><b>Walls:</b></p>	<ul style="list-style-type: none"> <li>• <i>Thick (&amp; thin in some parts)</i></li> </ul>	
	<p><b>Lumen:</b></p>	<ul style="list-style-type: none"> <li>• <i>Narrow (&amp; wide in some parts)</i></li> </ul>	
	<p><b>Ulcers:</b></p>	<ul style="list-style-type: none"> <li>• <u><i>Variable in size (small and large)</i></u></li> <li>• <i>Variable in shape</i></li> <li>• <i>Irregularly-distributed along the intestine</i></li> <li>• <i>Shallow (majority); deep (few) Base</i></li> <li>• <i>Vascular granulation tissue</i></li> </ul>	
	<p><b>Character:</b></p>	<ul style="list-style-type: none"> <li>• <i>Some have ragged edges</i></li> <li>• <i>Few are scarred</i></li> </ul>	





### N.B.1:

- **Chronic colitis is a progressive disease** which is chronic but with acute exacerbations (attacks of pain, cramps, diarrhoea and melena).
- Common sites: **Sigmoid colon and rectum.**
- Rare sites: **Distal part of ileum (as well).**

#### The causes:

##### Are indefinite and numerous:

1. A chronic manifestation of an atypical form of bacillary dysentery (no bacilli are found).
2. A non-specific infection in a sensitized or allergic individual (who suffers also of food-deficiency and avitaminosis).
3. **An auto-immune disease.**
4. Excessive production of active proteolytic and mucolytic enzymes (lysozyme).

**The condition usually starts by hyperemia (and oedema) of the mucosa.**

**Then, later on:**

- Ulceration.
- Formation of polyposis.

#### Complications:

1. Haemorrhage or perforation → peritonitis or pericolic abscess (in active stages).
2. Fistula due to adhesions in chronic cases).
3. Occasional malignancy (5%).
4. Other features such as obstruction.

### N.B.2:

- This disease is chronic with acute exacerbations → painful cramps, diarrhoea and passage of blood in stools.
- Relapse and remission alternate for a long time; and
  - Suppuration,
  - Scarring and
  - Non-specific inflammatory reaction as well as
  - Various complications make the life of the patient (adults under emotion and stress) a miserable one.
- The condition has to be differentiated from other types of colitis as well as from Crohn's disease (regional ileitis) which is characterized by the formation of a localized **chronic granulomatous lesion** near the terminal part of the ileum that may extend to the caecum and colon;
- The wall becomes **thick, rigid and oedematous** and the mucous membrane is inflamed and ulcerated → fibrosis → adhesions and obstruction → **fistula-formation** and **enlargement of regional lymph nodes** (so that it has to be differentiated from ulcerative colitis, appendicitis, tuberculosis, actinomycosis and carcinoma).

