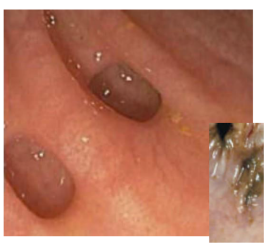
Inflammatory intestinal disease

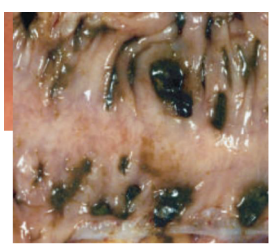
Sigmoid diverticulosis

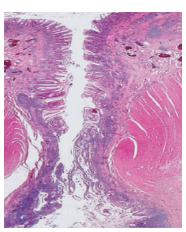
Flask like outpouching

Mucosa & Submucosa
- ↓ atrophy
- ↓ Compressed.

* No muscularis.







Clinical feature → Asymptomatic
→ intermittent lower abdominal pain
→ constipation or diarrhea

Treatment: 1] antibiotic 2] high fiber diet 3] surgery

inflammatory bowel disease

- Crohn disease
- Ulcerative Colitis

inflammatory bowel disease

Chronic IBD & Genetic predisp.
inappropriate mucosal damage

Ulcerative Colitis

*limited to
Colon ↔ rectum

extends only to
Mucosa ↙ ↘ submucosa

Crohn disease

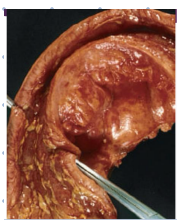
- Regional enteritis

Most common sites ←
- terminal ileum
- ileocecal valve
- cecum

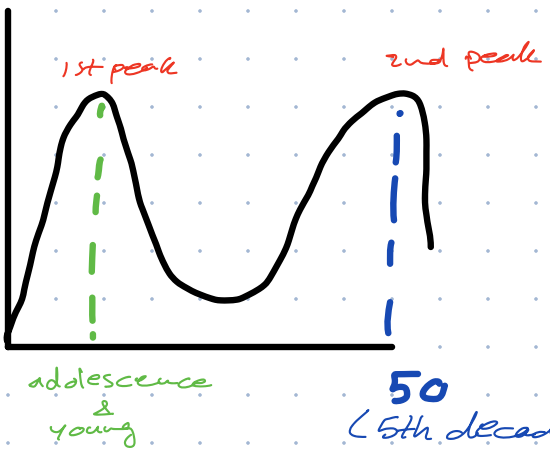
frequent ileal involvement

- affect any area in GIT
- Frequently transmural.
- small intestine 40%
- colon 30%
- small intestine & colon 30%.

*skin lesions + strictures are common

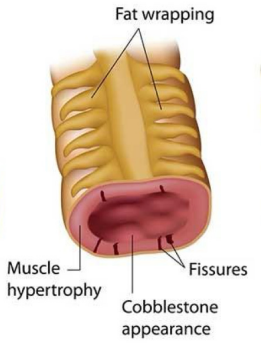


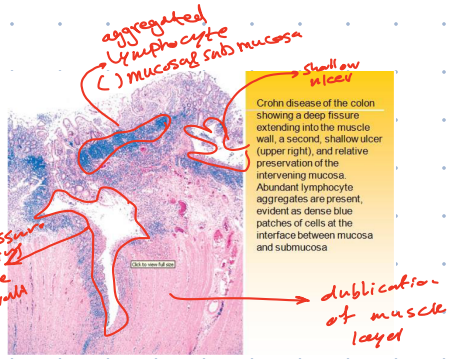
Epidemiology:

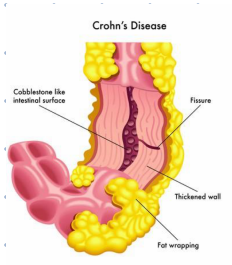


- Earliest lesion: aphthous ulcer
- Elongated, serpentine ulcers.
- Edema , loss of bowel folds.
- Cobblestone appearance
- Fissures, fistulas, perforations.
- Thick bowel wall (transmural inflammation, edema, fibrosis, hypertrophic MP)
- Creeping fat
- Paneth cell metaplasia.
- Noncaseating granulomas (35% of cases)

crohns disease

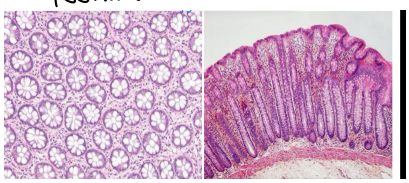




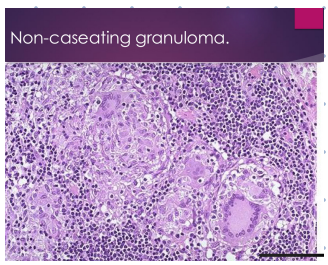


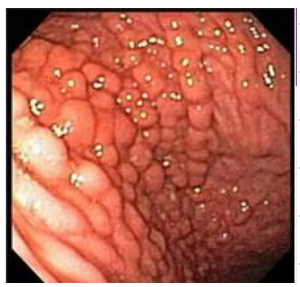
Cobblestone appearance
Normal الأشكال الطبيعية في ال
abnormal والأطبية في ال

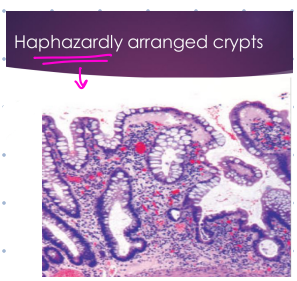
Normal

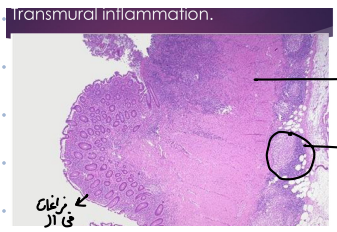


*في حال اختفوا ducts هدول ال chronic colitis بكون في









Clinical feature of crohns disease

Triggers: physical & emotional stress, specific dietary items, NSAIDs, Smoking
→ intermittent attacks of
→ fever
→ abdominal pain

→ asymptomatic intervals

→ Acute right lower quadrant pain

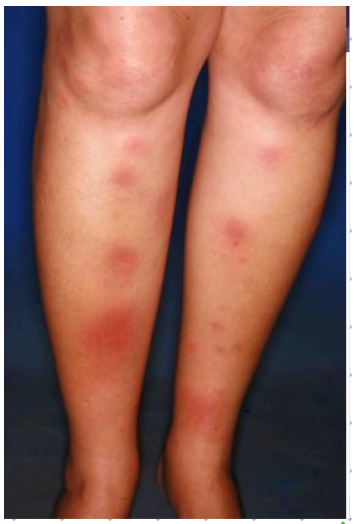
→ bloody diarrhea & abdominal pain (colic disease)

complications

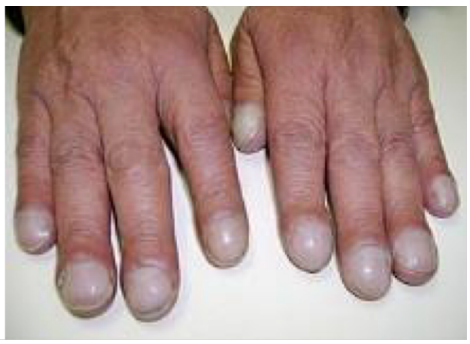
- RSK of colonic adenocarcinoma
- iron deficiency anemia
- fistula, peritoneal abscesses, strictures
- Malabsorption of → nutrient, B_{12}, bile salts
- hypoproteinemia
- hypoalbuminemia

Extra-intestinal manifestation

- Uveitis
- Migratory polyarthritis
- Sacroiliitis
- Ankylosing spodylitis
- Erythema nodosum
- Clubbing of the fingertips
- primary sclerosing cholangitis (special for ulcerative colitis)



Erythema nodosum



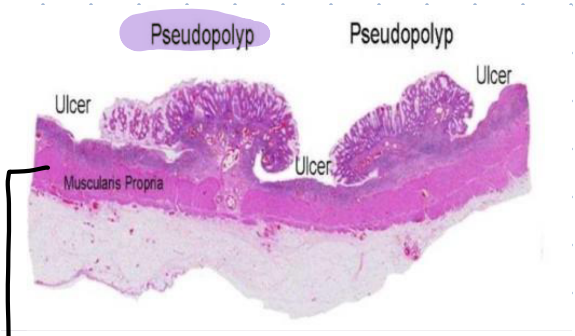
Clubbing

Ulcerative colitis

- Always involves the rectum
- Extends proximally in continuous pattern.
- Pan colitis.
- Occasionally focal appendiceal or cecal inflammation.
- Ulcerative proctitis or ulcerative proctosigmoiditis
- Small intestine is normal (except in backwash ileitis)

Macroscopic:

- Broad-based ulcers.
- Pseudopolyps
- Mucosal atrophy in long standing
- Mural thickening absent
- Serosal surface normal
- No sutcures
- Toxic megacolon

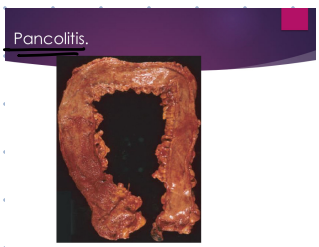


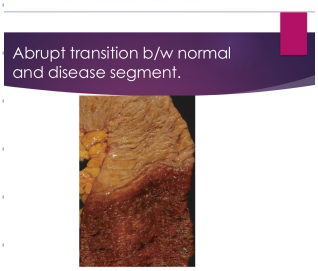
No muscularis dublication

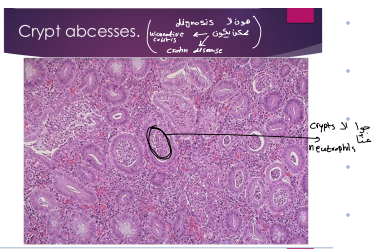
toxic megacolon

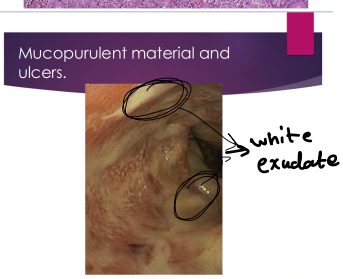
Microscopic:

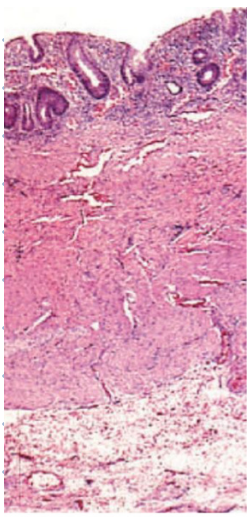
- Inflammatory infiltrates
- Crypt abscesses
- Crypt distortion
- Epithelial metaplasia
- Submucosal fibrosis
- Inflammation limited to mucosa and submucosa.
- No skip lesions
- No granulomas.











limited to mucosa

Clinical Features

Relapsing remitting disorder

Attacks of bloody mucoid diarrhea +lower abdominal cramps

Temporarily relieved by defecation

Attacks last for days, weeks, or months.

Asymptomatic intervals.

Infectious enteritis may trigger disease onset, or cessation of smoking.

Colectomy cures intestinal disease only

Feature	Crohn Disease	Ulcerative Colitis
Macroscopic		
Bowel region affected	Ileum ± colon	Colon only
Rectal involvement	Sometimes	Always
Distribution	Skip lesions	Diffuse
Stricture	Yes	Rare
Bowel wall appearance	Thick	Thin
Inflammation	Transmural	Limited to mucosa and submucosa
Pseudopolyps	Moderate	Marked
Ulcers	Deep, knifelike	Superficial, broad-based
Lymphoid reaction	Marked	Moderate
Fibrosis	Marked	Mild to none
Serositis	Marked	No
Granulomas	Yes (~35%)	No
Fistulas/sinuses	Yes	No

Feature	Crohn Disease	Ulcerative Colitis
Clinical		
Perianal fistula	Yes (in colonic disease)	No
Fat/vitamin malabsorption	Yes	No
Malignant potential	With colonic involvement	Yes
Recurrence after surgery	Common	No
Toxic megacolon	No	Yes

NOTE: Not all features may be present in a single case.

Colitis-Associated Neoplasia
► Long standing UC and CD.
► Begins as dysplasia >>>> carcinoma.
► Risk depends on
Duration of disease: increase after 8-10 years . Extent of involvement: more with pancolitis. Inflammation: frequency and severity of active disease with neutrophils.

لجنة الطب والجراحة

بالتوفيق،بارك الله في وقتكم و إنجازكم وهمتكم🩶