

IBD

MCQs

- All true except :
some thing about treatment of IBD and mentions TPMT enzyme related to methotrexate azthioprine هذا النيم لل

- Wrong about crohn:
rose thorn ulcer caseating granuloma

- Regarding IBD, all of the following are true, except:

- a. **UC patients usually smokes more than Crohn's patients (Unlike Crohn's disease, ulcerative colitis has a lesser prevalence in smokers than non-smokers.)**

- b. Incidence is about 7/100,000

- c. Jewish affected more often than asians ??

- d. Iliocecal area is frequently involved in Crohn's disease

- found in UC or can not be found in Crohn's ? Not sure !!

Granuloma

Crypt abscess

Transluminal

Skip lesion

Terminal ileum

- A 28-year-old woman is evaluated for an 8-week history of increasing lower abdominal crampy pain and diarrhea. She now has 6 to 10 bowel movements per day with one or two nocturnal stools. Stools are loose to watery with intermittent blood streaking. The pain is in the lower abdomen and has increased to 6 to 8 out of 10 in severity over the past week. She has anorexia and nausea but no vomiting or fever. She takes no medications, including NSAIDs. On physical examination, temperature is 37.8 °C (100.0 °F), blood pressure is 100/54 mm Hg, and pulse rate is 96/min. She appears thin, pale, and in moderate distress. The abdomen is distended with diffuse tenderness that is most prominent in the lower quadrants. There is no rigidity, guarding, rebound tenderness, masses, or organomegaly. Representative colonoscopy findings seen in a patchy distribution throughout the ascending, transverse, and descending colon. The terminal ileum and rectum show no inflammation. Which of the following is the most likely diagnosis? Select one:

- a. Collagenous colitis

- b. Crohn's colitis**

- c. Ischemic colitis

- d. Ulcerative colitis

- e. Colon CA

• Intestinal complications more common to Crohn's disease than ulcerative colitis include each of the following except?

- a. Fistula formation
- b. Perianal disease
- c. Intestinal obstruction
- d. Toxic megacolon
- e. Post surgical recurrence

• Wrong about Crohn's disease?

- A. Caseating granuloma
- B. chronic inflammatory condition that may affect any part of the gastrointestinal tract
- C. There are deep ulcers and fissures in the mucosa, producing a cobblestone appearance
- D. the inflammation extends through all layers of the bowel
- E. involve multiple areas with relatively normal bowel in between skip lesions

• Wrong regarding crohn disease management?

Answer: the key enzyme in biological agent is TPMT

Explanation: The key enzyme involved in AZA and 6MP metabolism is thiopurine methyl transferase (TPMT)

• Patient diagnosed with crohn's disease complaining of multiple perianal fistulas and the treatment that given is infliximab which is :

Anti TNF monoclonal antibodies

• wrong about crohns >>

causes polyps..

• All are differential diagnosis of sacroilitis, except:

- A. Crohn's
- B. Ankylosing spondylitis
- C. Psoriasis

• Regarding Crohn's disease, all of the following are true, except:

- a. The rectum is often spared
- b. Fistual fissures and abscesses occur in patients with colo-rectal Crohns
- c. The disease is limited to the mucosa
- d. The mucosa can appear as cobble stone

- About Crohn's disease of colon false is :

- a) Midline incision is used for surgery
- b) Perianal disease in 20% cases present with SI diseases
- c) Ileocaecal type is the most common
- d) **Bypass is preferred over resection ?**

- False about Crohn's disease :

- a) Perianal presentation can be there
- b) **Predominant Rectal involvement**
- c) Deep fissures and fistula is common
- d) Transmural involvement occurs

- In Ulcerative Colitis false is :

- a) Malignancy related to duration of disease not extent
- b) **Malignancy more common on Right side**
- c) Cancer is more infiltrative and with poor prognosis
- d) 30% malignancies associated with Dysplasia

- bloody diarrhea not responding to 5 aminosalicylic acid “a case of ulcerative colitis“ ,next step?

Azathioprine

- A 27-year-old woman is investigated for bloody diarrhoea This started around six weeks ago She is currently passing 3-4 loose motions a day which normally contain a small amount of blood. Other than feeling lethargic she remains systemically well with no fever or significant abdominal pain. A colonoscopy is performed which shows inflammatory changes in the ascending colon consistent with ulcerative colitis. Bloods show the following: Hb 14.2 g/dl Platelets 323 * 1Q9/l WBC 8.1 * 10g/i CRP 22 mg/l What is the most appropriate first-line medication to induce remission?

Select one:

- a. Rectal aminosalicylate
- b. **Oral aminosalicylate**
- c. Oral prednisolone
- d. intravenous corticosteroids
- e. Rectal corticosteroids

- Wrong about Crohn's :

Backwash ileitis

- A 29-year-old man is evaluated during a routine examination. His medical history is significant for ulcerative colitis involving the entire colon, which was diagnosed 4 years ago. His symptoms responded to therapy with mesalamine and have remained in remission on this medication. His family history is significant for a maternal uncle who died of colon cancer at the age of 50 years. Physical examination is unremarkable. Serum alkaline phosphatase, alanine aminotransferase, and aspartate aminotransferase levels are normal. Which of the following is the most appropriate interval at which to perform colonoscopy with biopsies in this patient? Select one:
 - a. Begin now and repeat annually
 - b. Begin in 4 years and repeat every 1 to 2 years**
 - c. Begin in 4 years and repeat every 10 years
 - d. Begin in at age 50 and repeat every 10 years
 - e. Begin at age 40 years and repeat every 5 years
- A 47 year-old male farmer who has a 15-year history of ulcerative colitis presents to your clinic complaining of severe bloody diarrhea 10 times daily. He has lost 5 kg over the past 2 months and was brought to the ER twice in the last month for abdominal pain. His BP is 100/60 mmHg and his pulse rate is 120 beat/minute. He is only medication is mesalazine (5-ASA). What is the next step in management:
Select one:
 - a. Infliximab IV
 - b. Adalimumab S.C
 - c. Oral corticosteroids
 - d. Azathioprine (immunesuppression)**
 - e IV corticosteroids
- A 31 Y/O man with ulcerative colitis (isolated proctitis) present with a worsening of his symptoms , he is passing around four loose stool a day which do not contain blood . he has also experienced some urgency and tenesmus but is otherwise systemically well. What is the most appropriate management ?
 - a) Rectal 5ASA**
 - b) Oral corticosteroid
 - c) Rectal corticosteroid
 - d) Observe with review in 7 days time
 - e) Oral loperaamide
- Risk factor for Ulcerative colitis to develop malignancy : **pancolitis**

- A 25-year-old man presents with bloody diarrhea associated with systemic upset. Blood tests show the following, Hb 13.4 g/dl, Platelets 467,000/dl, WBC 3,200/dl, CRP 89 mg/l. A diagnosis of ulcerative colitis is suspected. Which part of the bowel is most likely to be affected?
 - a. Sigmoid colon
 - b. Rectum**
 - c. Ascending colon
 - d. Descending colon
 - e. Terminal ileum
- Drug of choice for patient with ulcerative colitis that reaches sigmoid colon :
Oral 5-ASA (suppository if it is limited to rectum)
- About Ulcerative colitis except ?? **Deep fissure ulcer**
- Wrong about ulcerative colitis complications:
 - a. Renal stones and gallstones
 - b. Malignancy
 - c. Amyloidosis**
 - d. Ascending cholangitis
- All of the following are true regarding ulcerative colitis, except:
 - a. Azathioprine can be used in treatment
 - b. Maybe associated with Pyoderma gangrenosum
 - c. Patients may be P-ANCA positive
 - d. The rectum is never involved**
- All the following are criteria to define severe attack of ulcerative colitis Except.
 - a- stool frequency > 10 per day with out blood**
 - b- fever > 37.5 C
 - c- tachycardia >90/min
 - d- anemia hemoglobin < 10 gram/dl
 - e- albumin < 30 g/L

- Ulcerative Colitis with malignancy :
 - a) has a better prognosis than Ca Colon
 - b) Is related to disease activity
 - c) is related to duration of ulcerative colitis ?**
 - d) Malignancy is more in ano rectal ulcerative colitis

- In ulcerative colitis with toxic megacolon lowest recurrence is seen in :
 - a) complete proctocolectomy and brook's ileostomy**
 - b) Ileo rectal anastomose
 - c) koch's pouch
 - d) Ileo anal pull through procedure

- wrong about ulcerative colitis >> **Fistulas usually happens**

- In ulcerative colitis, cure can be completely achieved by?
 - Total colectomy**
 - Gastrectomy
 - Colonoscopy every 2 years
 - Immunosuppressive therapy
 - Special diets

Mini-OSCE

Station 8



Q1 : what is the name of the skin lesion?

Erythema Nodosum

Q2 : two Possible diagnosis ?

Sarcoidosis

IBD

Station 13

Name this :

Erythema nodosum

3 causes of it :

Sarcoidosis

Tuberculosis

IBD

oral contraceptive pills

Infection



Q3) a 34 year old patient comes to your clinic complaining of abdominal pain and non bloody diarrhea of 6 months of duration . during lower limb examination you see this lesion . what is the name of this lesion and what is your diagnosis ?

Erythema nodosum with Crohn's disease



Q 6

This Patient came with history of 4 week duration bloody diarrhea .

•What do you see ?

pyoderma gangrenosum

•What is the diagnosis ?

Ulcerative colitis



A case of bloody diarrhea and endoscopic finding in picture



Q1 \ what is the diagnosis?

Ulcerative colitis

Q2 \ mention 2 complications?

1- toxic megacolon

2- uveitis

3- colon cancer

Q3 \ mention 2 investigation?

1- ESR ,CRP

2- pANCA

Q4\ what is the definitive treatment?

Total colectomy