

**Dr Vikrant Sibartie**


**FRCP (Ireland), CSCST**


**Consultant Internal Medicine and Gastroenterology**

# **Clinical cases in Inflammatory Bowel Disease**

# Case 1

- 11 year old girl
- Admitted to Apollo Bramwell Hospital(Paediatrics) with:
  - -Periumbilical abdominal pains for 3 days
  - Getting more severe
  - - Diarrhoea 4 X/day
  - - Vomited twice on day of admission

- 
- Eaten in Steers restaurant 3 days prior to onset of symptoms
  - Examination:
  - Very tender central and lower abdomen

- 
- US abdomen: normal
  - Started on IV Rocephin and Flagyl

## Day 2

- Bloody diarrhoea up to 8 times daily
- CT abdomen: Features of Right sided colitis

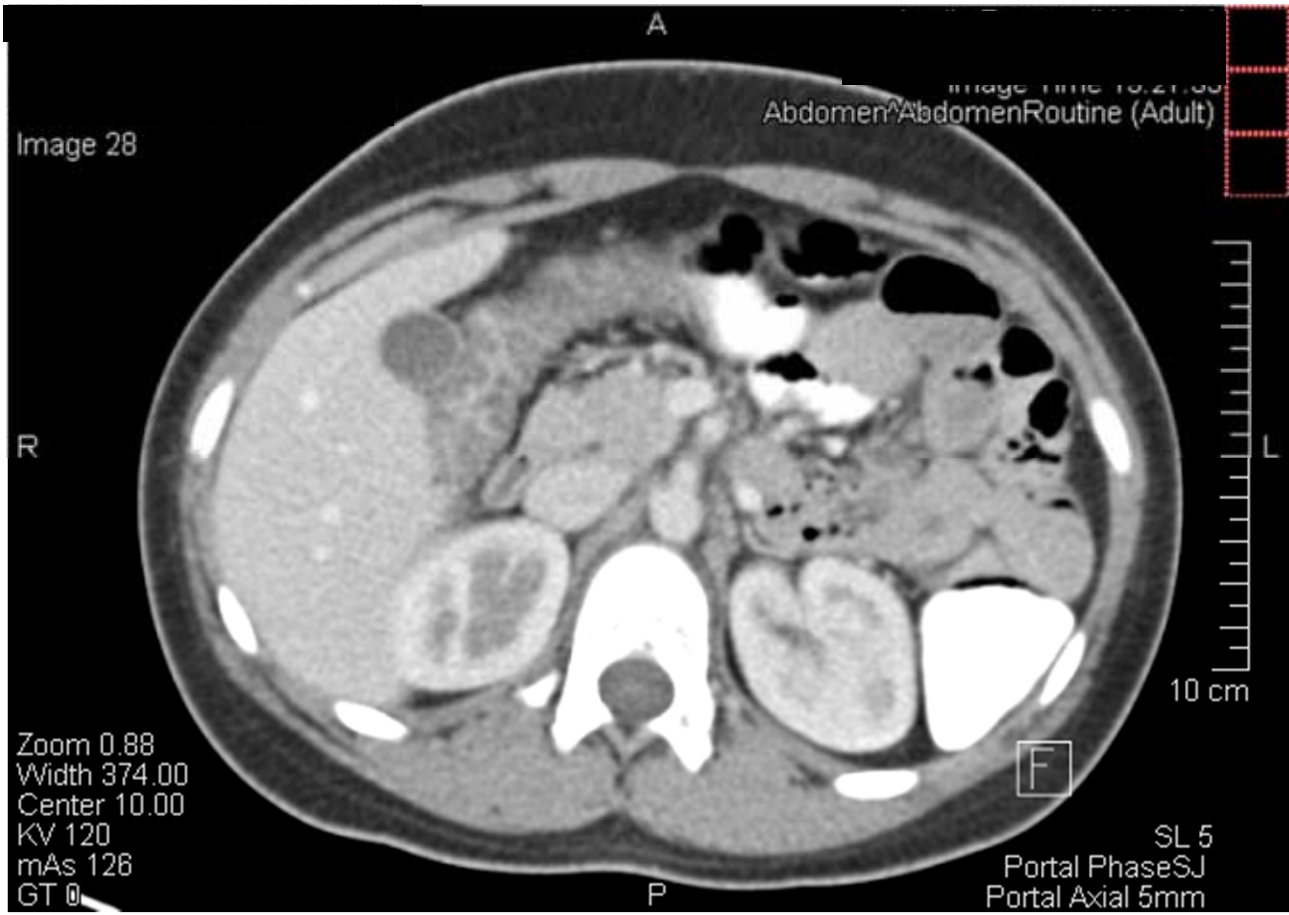


Image 28

Abdomen/AbdomenRoutine (Adult)

R

L

10 cm

Zoom 0.88  
Width 374.00  
Center 10.00  
KV 120  
mAs 126  
GT 0


SL 5  
Portal PhaseSJ  
Portal Axial 5mm

P







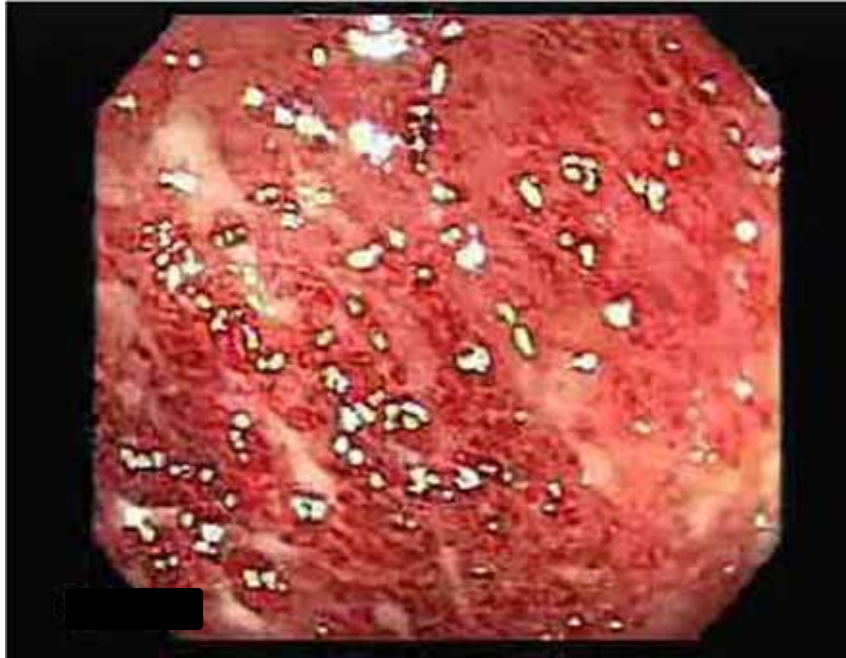
- 
- Persistent diarrhoea
  - Rocephin stopped, changed to Ciprofloxacin

## Day 5


- Ongoing bloody diarrhoea up to 10 times daily
- Consultation to Gastroenterology

## Colonoscopy: Pancolitis






- Stools: Negative for Rotavirus and Adenovirus
- No Salmonella or Shigella
- Colon Biopsies: Inflammatory Bowel Disease, more in keeping with Ulcerative Colitis

- 
- Started on IV Hydrocortisone 100 mg TDS
  - Mesalazine (Asacol) 400 mg tds

## Day 20

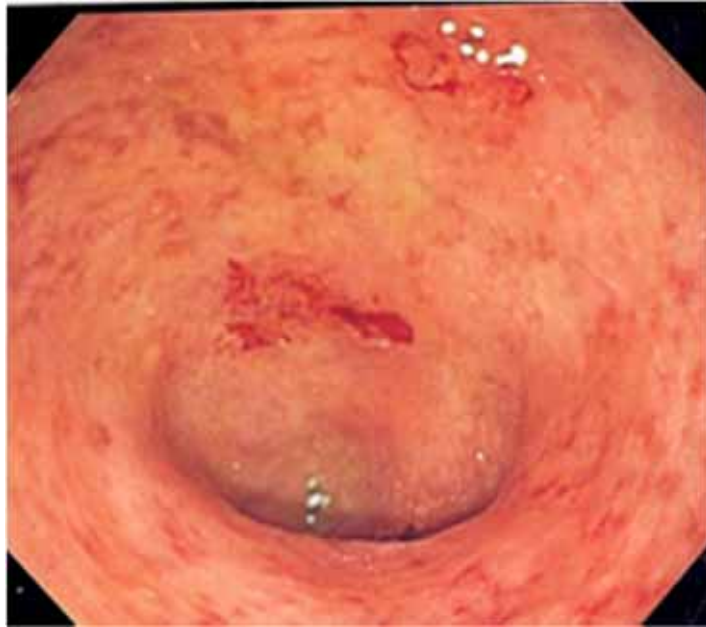
- Bloody diarrhoea up to 10 times daily and abdominal pains persist
- CRP=38
- **What next?**

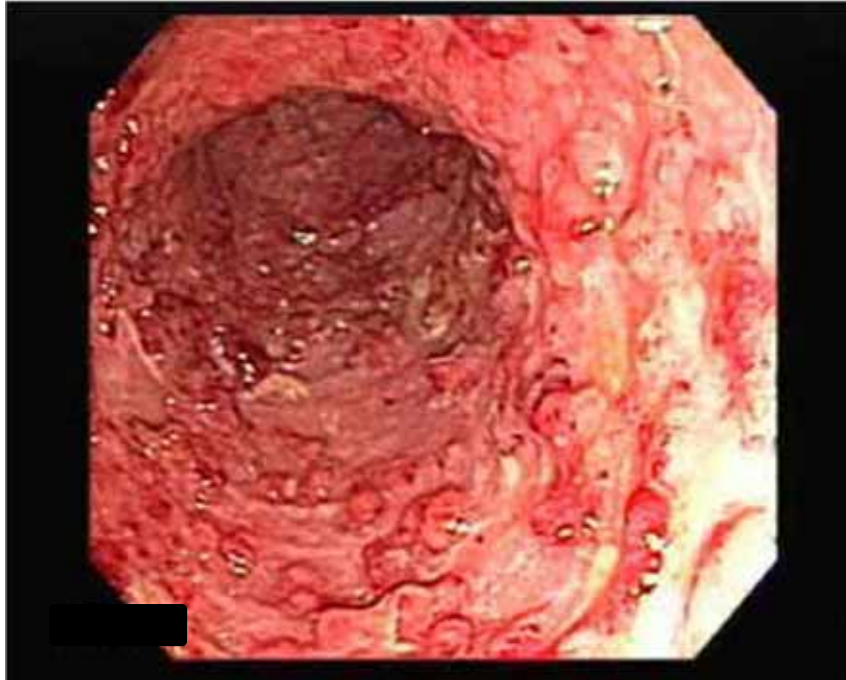
- 
- Infliximab (*Remicade*) infusion started
  - Improvement of diarrhoea to 5 times daily within 2 days
  - Less bloody
  - Abdominal pains improved



## Day 25

- Colonoscopy: Improvement of colitis in left colon
- Mild 'backwash ileitis' terminal ileum
- Normal distal ileum
- Pseudopolyps in Caecum and ascending colon
- Semi-formed stools up to 5 times daily, blood only intermittently.
- Patient discharged





# Follow up

- 3 weeks post discharge: Bloody diarrhoea and abdominal pains recur
- 2<sup>nd</sup> infusion Infliximab given
- Azathioprine 50 mg started
  
- 3<sup>rd</sup> infusion Infliximab 4 weeks later
- Does well at follow up

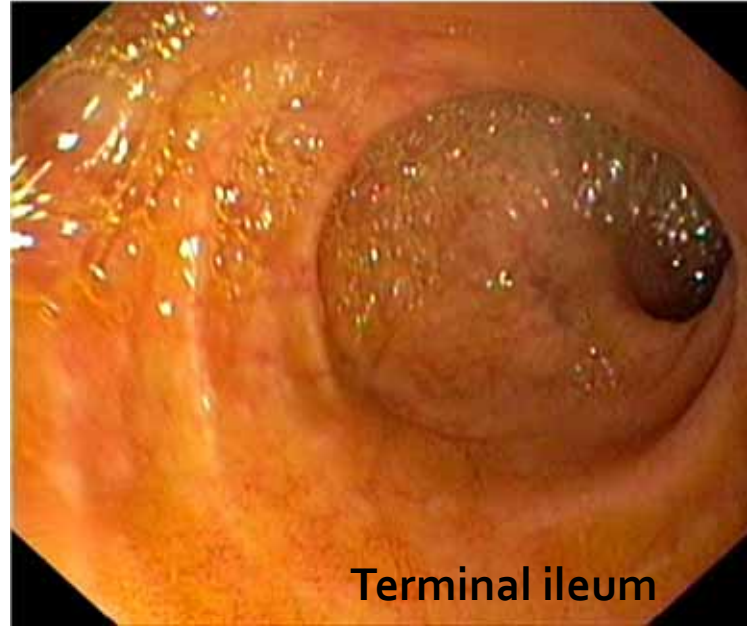
# Case 2

- 27 year old man
- Englishman, residing in Seychelles
- Weight loss 20 kg in 4 years
- Bloody diarrhoea 10 times daily
- Sigmoidoscopy 2 years prior in Seychelles:  
Ulcers and Pseudopolyps
- Biopsies: Non-specific inflammation
- Started on Mesacolon there, without much improvement

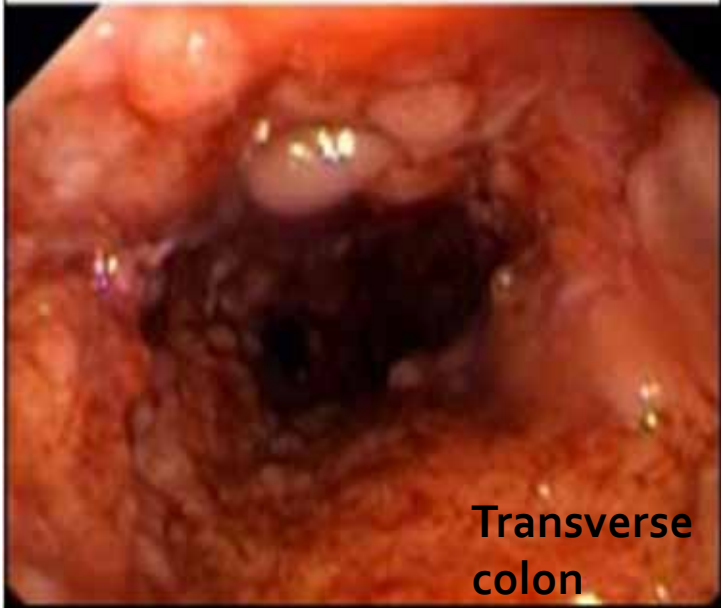
- Comes to ABH, as no improvement
- Colonoscopy: Patchy inflammation and ulceration whole colon
- Sigmoid pseudopolyps
- Strictured Transverse colon
- Normal terminal ileum



Descending  
Colon





Terminal ileum



Transverse  
colon



- 
- Biopsies: Crohn's disease
  - IV Hydrocortisone 100 mg QDS
  - Azathioprine 50 mg started
  - High calorie diet

- 
- Hb=9.0
  - Iron infusion given (Venofer)
  - Improves, and discharged on reducing dose  
Prednisolone PO

- Back in Seychelles
- Intermittent attacks of abdominal cramps and diarrhoea for 2 months
- Comes back to ABH
- Started on Infliximab
- Maintenance program every 8 weeks

- Remains well
- 9 months later: does not come for Infliximab, worsening abdominal pains 10 weeks post Infliximab
- Comes back to Mauritius
- Looks unwell
- Severe tenderness left abdomen

- 
- CT scan abdomen performed

Image Time 13:31:32  
Abdomen^AbdomenTriPhase (Adult)



R



Zoom 0.88  
Width 350.00  
Center 40.00  
SP -315.8  
KV 120  
mAs 196  
GT 0

P

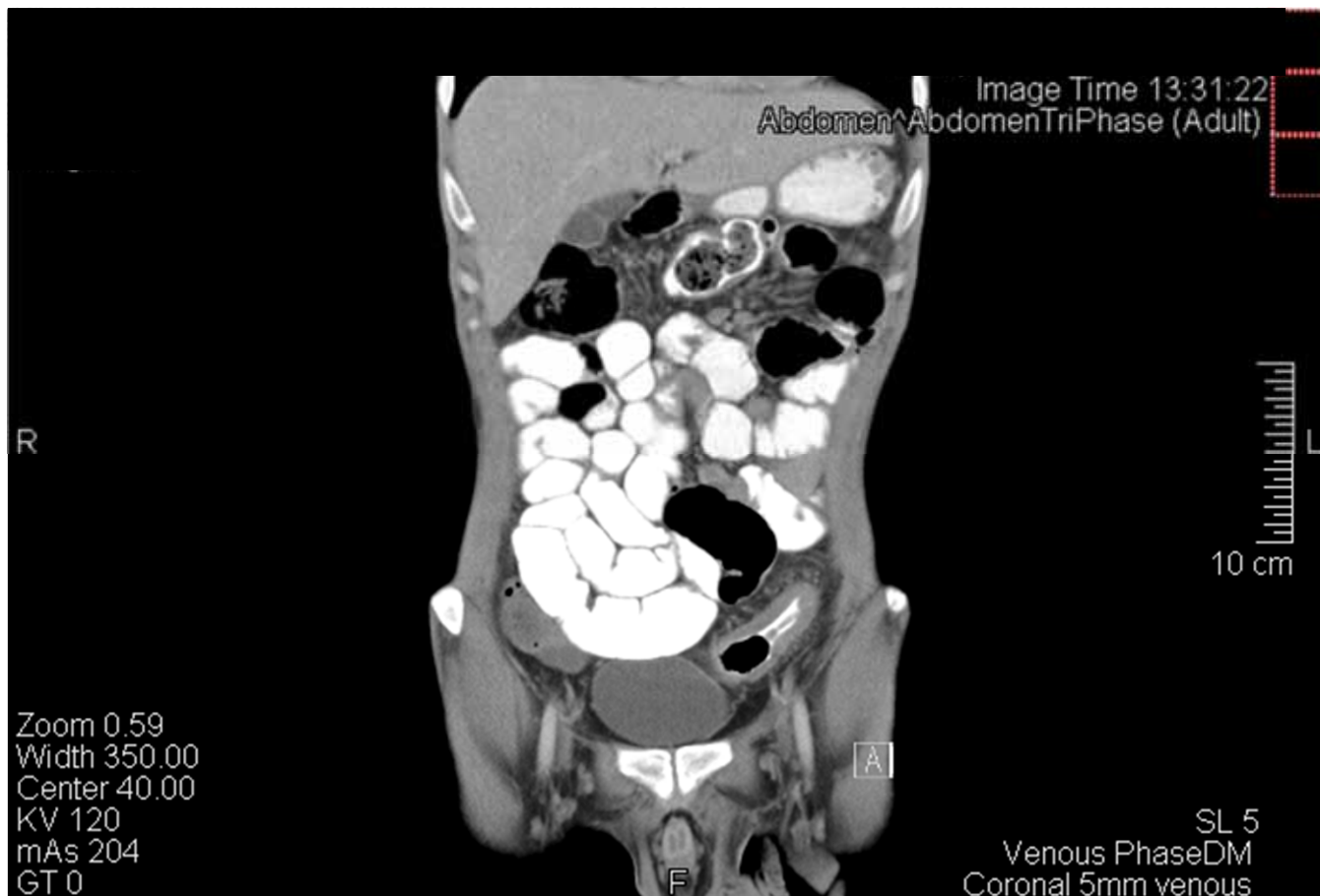
SL 5  
Venous PhaseDM  
Abdo Venous 5.0 B30f

Image Time 13:31:34  
Abdomen^AbdomenTriPhase (Adult)



Zoom 0.88  
Width 350.00  
Center 40.00  
SP -380.8  
KV 120  
mAs 213  
GT 0

SL 5  
Venous PhaseDM  
Abdo Venous 5.0 B30f








## Left-sided Colonoscopy



- 
- Gets better with Infliximab, but without complete remission
  - Difficulty in continuing INF due to financial constraints
  - Goes to the UK
  - Partial left colectomy, with transverse colostomy
  - Planned to re-anastomose once rectum heals

# Conclusion

- Anti-TNF alpha therapy is now part of our armamentarium against IBD
- Useful in fulminant colitis
- Induces and maintains remission where all else has failed
- Reduces total colectomy rate