



## RESEARCH ARTICLE

### INFLAMMATORY BOWEL DISEASES (IBD): A CASE REPORT

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#### Manuscript Info

##### Manuscript History

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#### Abstract

**Case Description:-** 28years old male Saudi medically free, coming through the ER complain of abdominal pain for about 3wks, associated with vomiting. There is loss of weight about (14kg) over 3 -2 month.

There is no (Diarrhea or change bowel habit). Also, the general systemic review is unremarkable. The patient is a smoker. The family history is negative (there is no similar condition and there is no medical disease).

**Physical Exam:-** The patient looks unwell. No (pale, jaundice or cyanosed)

Chest : clear

Cvs : normal, S1 + S2 + , No added sound

Abdomine = lower quadrant tenderness (only)

Vital Sign : temp =36.8/RR=20/pulse=82) PB= 64/115

Hight : 1.00 weight : 1.00 Spo .99 : BM1:4.06 R.B.S: 0

**Discussion:-** Yet it is largely a hidden disease, and one that causes stigma, fear and isolation - it's thought that many people with the condition go undiagnosed and suffer in silence. It doesn't have to be like this. Crohn's disease and ulcerative colitis are chronic (ongoing and life-long) conditions in which symptoms vary from person to person and will range ....

Treatment for Crohn's disease and ulcerative colitis depends on how severe

the symptoms are, and how much of the gut is affected.

#### Conclusion:-

1. It is idiopathic disease caused by a dysregulated immune response to host intestinal microflora.
2. IBD complication: hemorrhage, perforation, fistula

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#### Introduction:-

##### Definition:-

It is idiopathic disease caused by a dysregulated immune response to host intestinal microflora.

##### Types:-

A) ulcerative colitis (uc) which is limited to colon

B) Crohn disease (Cd) which can affect any segment all see the gastrointestinal tract.

#### **The etiology of IBD:-**

- 1) genetic predisposing.
- 2) an altered dysregulated immune response.
- 3) an altered response to gut.

#### **Complication:-**

Hemorrhage, perforation, fistules, toxic mega colon, cholangio carcinoma

**The annual incidence** of Crohn disease was 5.0 per

100,000 person years in Asia and

Middle East, where the incidence

rate of (UC) were 24.3 per

100,000 person years in Asia and Middle East

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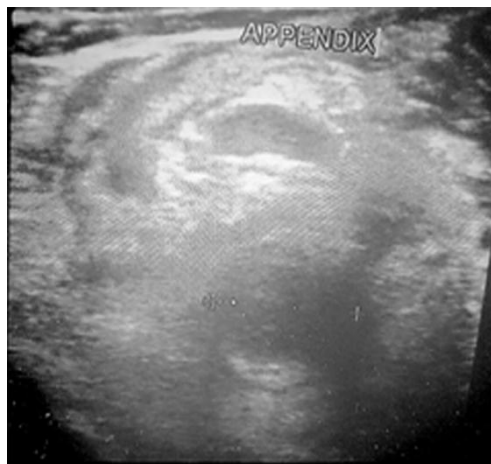
R.B.S: 0

#### **Images 1:-**

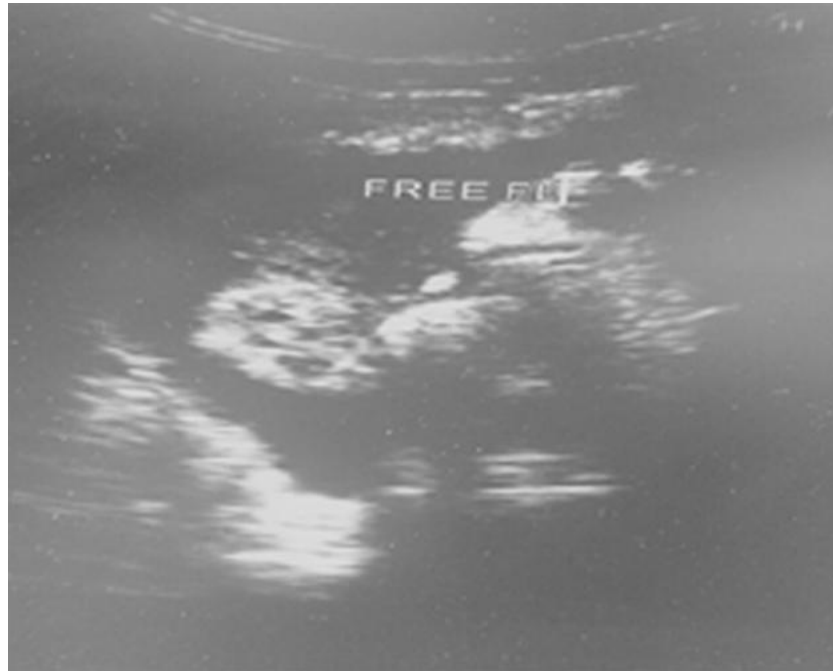
##### **On Abdominal Ultrasound:-**

There is prominent thickening of the wall of caecum and distal ileum and appendix with prominent regional lymph nodes, Minimal intra-abdominal free fluid is

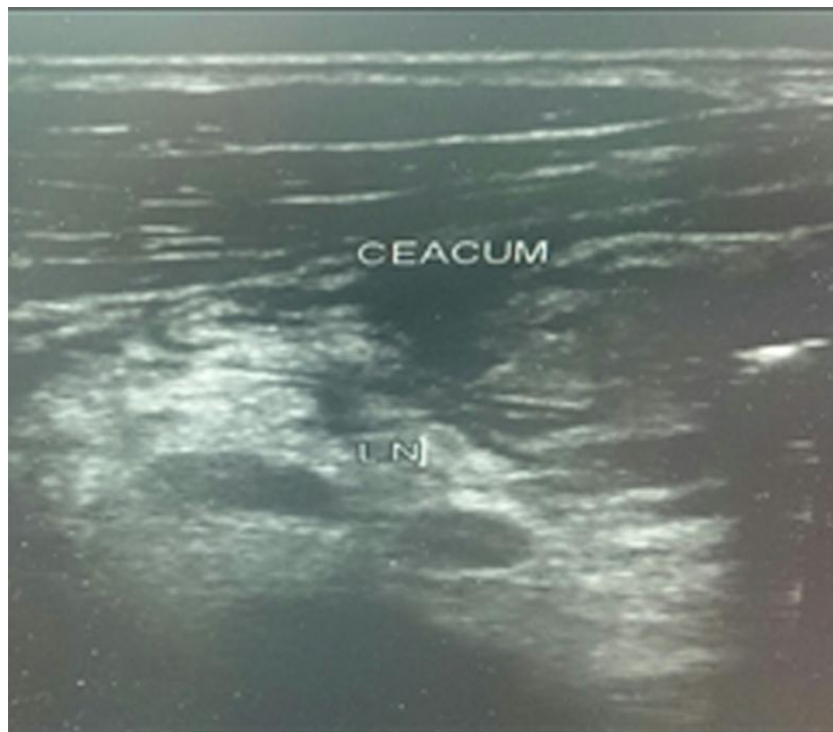
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**Images 2:-**



**Images 3:-**



**Management :**

crohn's disease is an immune system disease, it cannot be cured by medication or surgery.

Treatment initially involves the use of medications to eliminate inflections, generally antibiotics, and reduce inflammation, generally aminosalicylate, ant- inflammatory drugs and corticosteroids. Surgery may be required for complications such as obstructions or abscesses,

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### References:-

1. <sup>a</sup> <sup>a</sup> <sup>b</sup> Baumgart DC, Carding SR (2007). "Inflammatory bowel disease: cause and immunobiology." *The Lancet*. 369 (9573): 1627–40. doi:10.1016/S0140-6736(07)60750-8. PMID 17499605.
2. <sup>a</sup> <sup>a</sup> <sup>b</sup> Baumgart DC, Sandborn WJ (May 2007). "Inflammatory bowel disease: clinical aspects and established and evolving therapies." *The Lancet*. 369 (9573): 1641–57. doi:10.1016/S0140-6736(07)60751-X. PMID 17499606. Retrieved 2009-11-04.