

Inflammatory bowel disease

[Health & Medicine](#), [Nursing](#)



Inflammatory bowel disease due: The patient under my care is a 38-year-old male suffering from ulcerative colitis. He is concerned because an aunt was diagnosed with Crohns disease years ago and wondered if there is any relation. This essay will clarify on the differences of the two illnesses in regard to the areas of the gastrointestinal tract that is normally affected and the different treatments for the two sicknesses. Furthermore, I will explain which if the two diseases is more complicated.

To start with, ulcerative colitis and Crohn's illnesses tend to display similar clinical symptom and signs. Nevertheless, the Crohn sickness normally affects the lower part of the ileum (small intestines), though there is a possibility of it happening anywhere along the gastrointestinal (GI) tract. On the other hand, the ulcerative colitis mainly happens along the interior lining of the colon (McGuire & Beerman, 2013).

The two diseases are treated differently. The ulcerative colitis treatment is based on the reduction of chronic and acute swelling that result in respite. The common drugs prescribed include antibiotics, antidiarrheal, and steroids. The patient can also be treated using immunosuppressant for example azathioprine cyclosporine and 6-mercaptopurine (Nelms, Sucher, Lacey & Roth, 2010). The other appropriate medication is anti-inflammatory -5-aminosalicylic acid and infliximab (biological therapies). The Crohn's disease treatment is founded on the severe condition of the illness. The appropriate drugs include infliximab, steroids, antibiotics, immunosuppressant and in some cases surgery. In the surgery procedure the affected parts are removed that may consist of ileostomy, ileocolic resections, total proctocolectomy and segmental resections.

The two diseases have different presentations. In ulcerative colitis the common signs include fever, weight loss, arthritis, ocular manifestations, abdominal or rectal pain, dermatological change and diarrhea with mucus and blood. The complications as a result of the illness comprise of severe bleeding, carcinoma, intolerance to immunosuppression, toxic colitis, strictures, toxic megacolon, perforation and dysplasia (Nelms et al., 2010). The symptoms of Crohn disease include delayed growth in adolescents, weight loss, fever, cramping and abdominal pain, malnutrition, anorexia and a stool that has blood or mucus. The complications that occur as a consequence of the sickness are neoplasia, perennial illness, malabsorption, gallstones, and kidney stones. The patient also suffers from obstruction of the intestines, urinary tract infections, bacteria overgrowth and thromboembolic complications. Looking at the two diseases presentation ulcerative colitis is more complicated than the Crohn disease.

In conclusion, patients discover that they suffer from either of the two illnesses when they are young adults or adolescents. However, this does not imply that people can not suffer when they are children or aged (Potter, 2003). Researchers have proven combined treatment of azathioprine and infliximab or infliximab monotherapy is more effective because it has a free corticosteroid remission compared to azathioprine monotherapy (Colombel et al., 2010). According to Feagan et al. (2005), the study conducted proved that MLN02, a humanized antibody to the $\alpha 4\beta 7$ integrin was very effective compared to placebo for the induction of clinical and endoscopic abeyance in individuals suffering from active ulcerative colitis (p. 2499-2507).

References

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