

ACUTE COLITIS

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Approximately 5% of patients present with acute severe (fulminant) colitis. Intensive medical treatment leads to remission in 70% but the remainder require urgent surgery. Toxic dilatation should be suspected in patients who develop severe abdominal pain and confirmed by the presence on a plain abdominal radiograph of a colon with a diameter of more than 6 cm (Figure 75.3). A reduction in stool frequency is not always a sign of improvement in patients with acute severe colitis, and a falling stool frequency, abdominal distension and abdominal pain (resulting from progression of the disease suggestive of fulminant colitis and impending perforation). Plain abdominal radiographs or abdominal computed tomography (CT) may help monitor disease progression in patients with acute severe colitis, and a progressive increase in colon diameter despite medical therapy is an indication for urgent surgery. Colonic perforation is a grave complication with a mortality rate of 40%. Steroids may mask the physical signs. Severe haemorrhage is uncommon (1–2%) but may occasionally require urgent surgical intervention.

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