

CLASSIFICATION OF SEVERITY

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The assessment of the severity of colitis is determined by the - frequency of bowel action and the presence of systemic signs of illness, as originally proposed by Truelove and Witts: - /uni25CF Mild disease is characterised by fewer than four stools hing daily , with or without bleeding. There are no systemic signs of toxicity . /uni25CF Moderate disease corresponds to more than four - stools daily , but with few signs of systemic illness. There may be mild anaemia. Abdominal pain may occur. Inflam - matory markers, including erythrocyte sedimentation rate - and C-reactive protein, are often raised. /uni25CF Severe disease corresponds to more than six bloody stools a day and evidence of systemic illness, with fever, tachycardia, anaemia and raised inflammatory markers. Hypoalbuminaemia is common and an ominous finding. /uni25CF Fulminant disease is associated with more than 10 bowel movements daily , fever, tachycardia, continuous bleeding, anaemia, hypoalbuminaemia, abdominal ten - derness and distension, the need for blood transfusion and, in the most severe cases, progressive colonic dilation (toxic megacolon). This is a ver y significant finding, suggestive of disintegrative colitis, and an indication for emergency surgery if colonic perforation is to be avoided.

Figure 75.3 Supine abdominal radiograph of a patient with acute colitis showing toxic dilatation of the transverse colon with classical mucosal 'thumbprinting' of the colonic mucosa (courtesy of Mr Sean Martin FRCSI, St Vincent's University Hospital, Dublin, Ireland).

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