

CLINICAL MANIFESTATIONS

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The clinical manifestations of IBD primarily depend on the diagnosis (either CD or UC), the location (small or large intestine, or both) and the extent of the disease. In the large bowel, the clinical presentation depends in large part on the extent of disease. If inflammation is confined to the rectum (proctitis), there is usually no systemic upset and extra-alimentary manifestations are rare. The main symptoms Sidney Charles Truelove , 1913–2002, gastroenterologist, Oxford, UK. Leslie John Witts , 1898–1982, Nu ffi eld Professor of Medicine, Oxford, UK. are rectal bleeding, tenesmus and mucous discharge. The disease often remains confined to the rectum, usually with - a benign course. Colitis is almost always associated with bloody diarrhoea and urgency . Severe and/or e xtensive colitis may result in anaemia, hypoproteinaemia and electrolyte - disturbances. Pain is unusual. Children with poorly controlled colitis may have impaired growth. The more extensive the disease, the more likely extraintestinal manifestations are to occur. Extensive colitis is also associated with systemic illness, characterised by malaise, loss of appetite and fever.

(a) ; high-power view of

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