

Clinical Cases

Dr Dominic Bullas

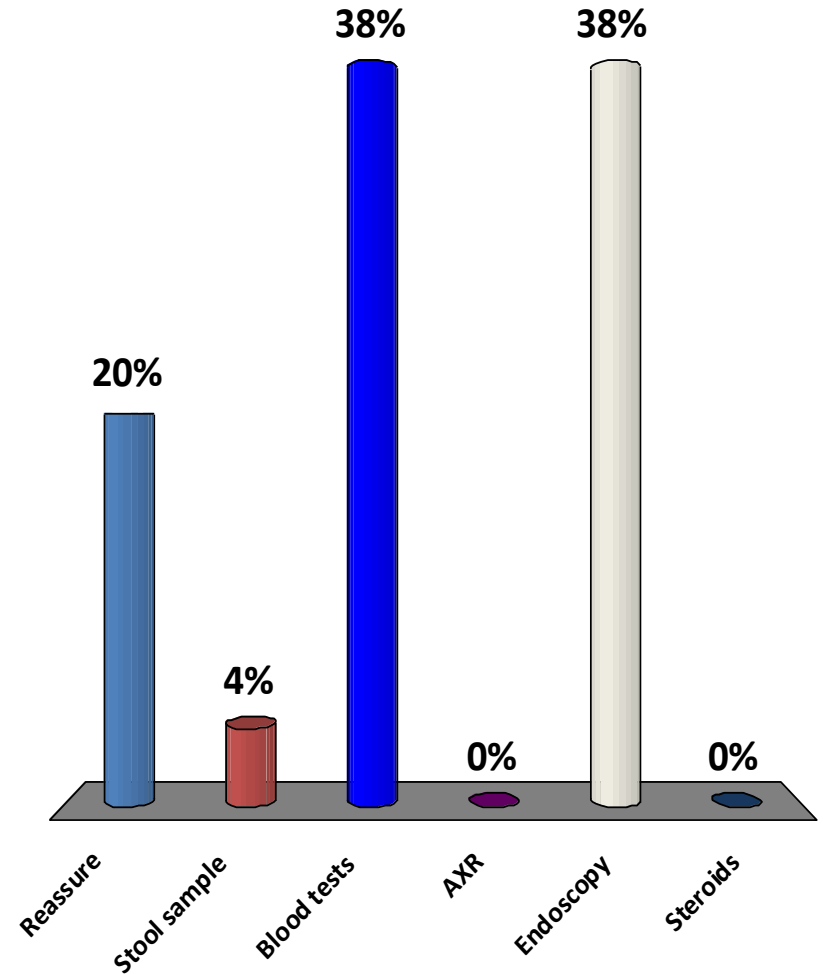
BHFT

PC

- 25 F
- 1/12: PR bleeding
Painful defaecation
- PMH: IBS
- Dad: “We just want to get to the bottom of it”
- Diagnosis: ? Anal fissure
? Haemorrhoids

What would you do next?

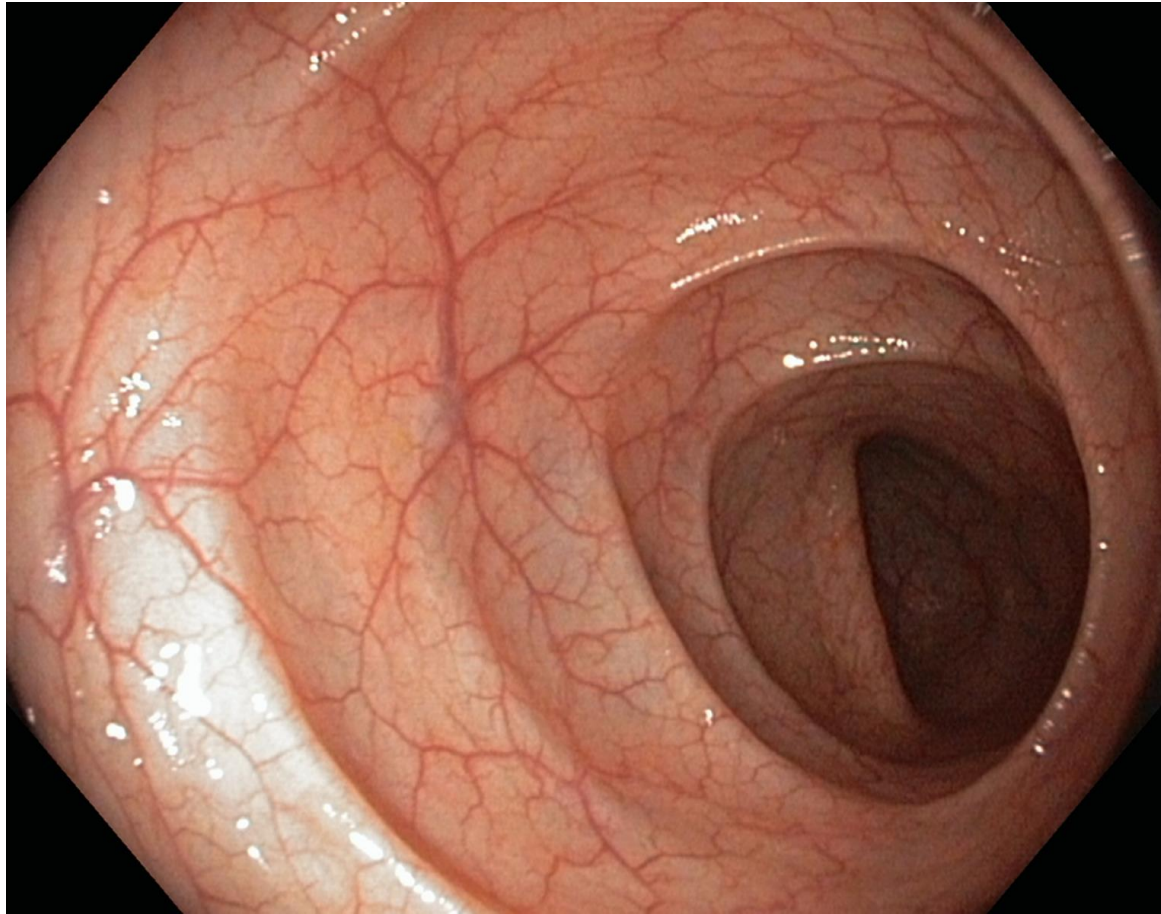
- A. Reassure
- B. Stool sample
- C. Blood tests
- D. AXR
- E. Endoscopy
- F. Steroids



What To Do Next?

- Reassure
- Stool samples
- Blood tests
- AXR
- Endoscopy ✓
- Steroids

Normal Colon

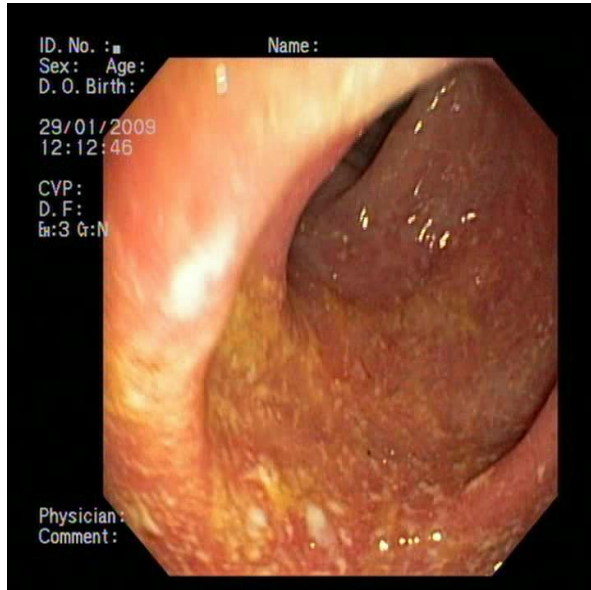


Colonoscopy

- Barons 2 inflammation to 25cm



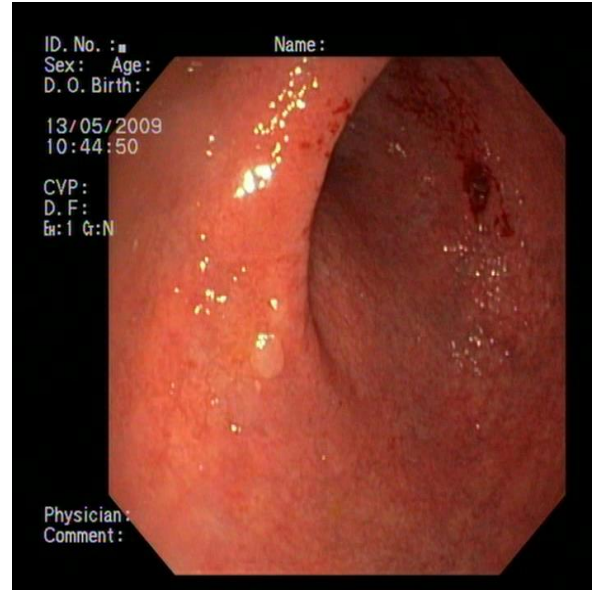
Baron's Score



1

Abnormal, but non-haemorrhagic

Appearances between 0 and 2



2

Moderately haemorrhagic

Bleeding to light touch, but no spontaneous bleeding seen ahead of the instrument on initial inspection



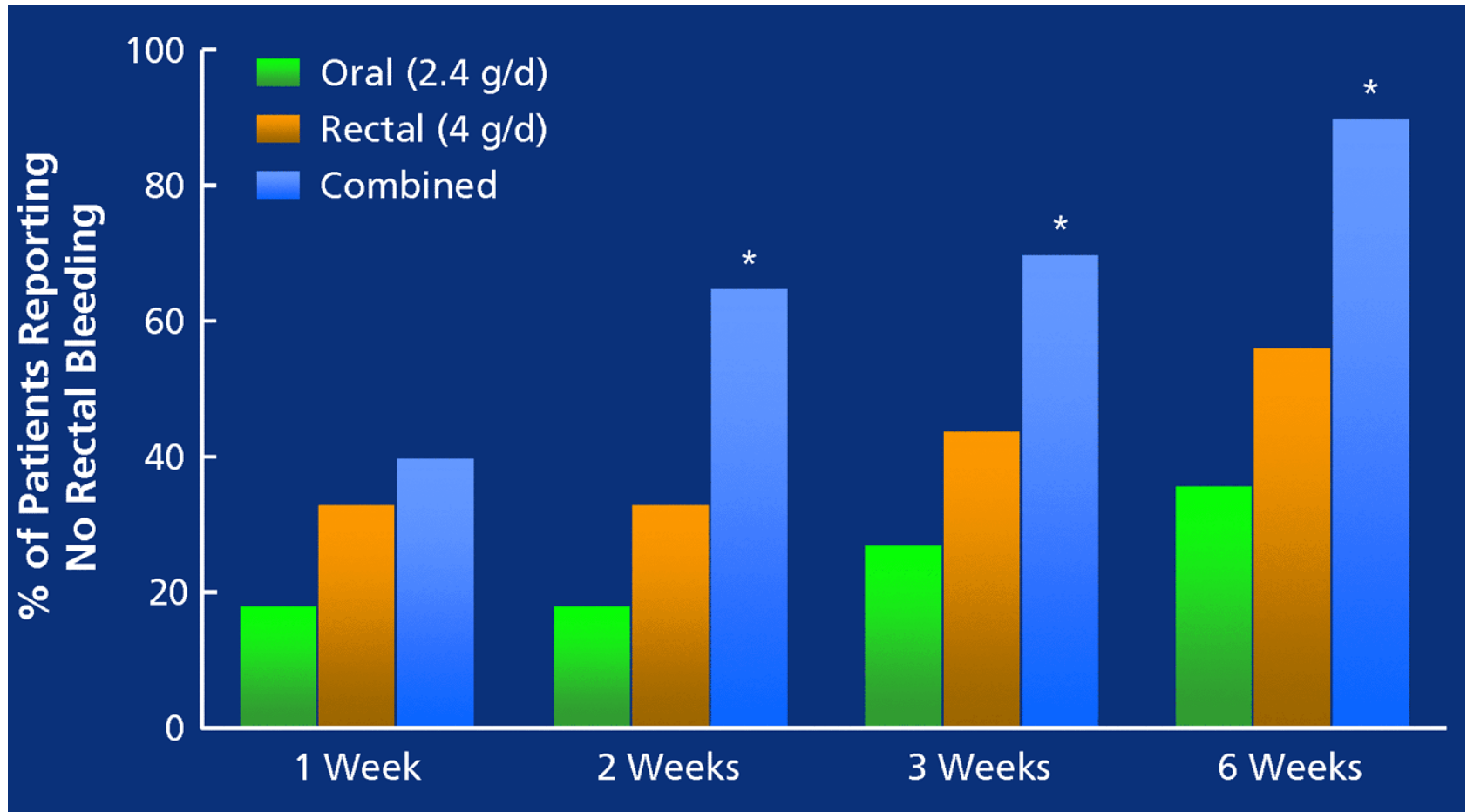
Severely haemorrhagic

Spontaneous bleeding seen ahead of instrument at initial inspection and bleeds to light touch

Rx

- Oral Asacol
- Asacol foam enemas

Why dual 5ASA therapy?



A double-blind comparison of oral versus rectal mesalamine versus combination therapy in the treatment of distal ulcerative colitis.

Safdi et al., [Am J Gastroenterol.](#) 1997 Oct;92(10):1867-71.

Rx

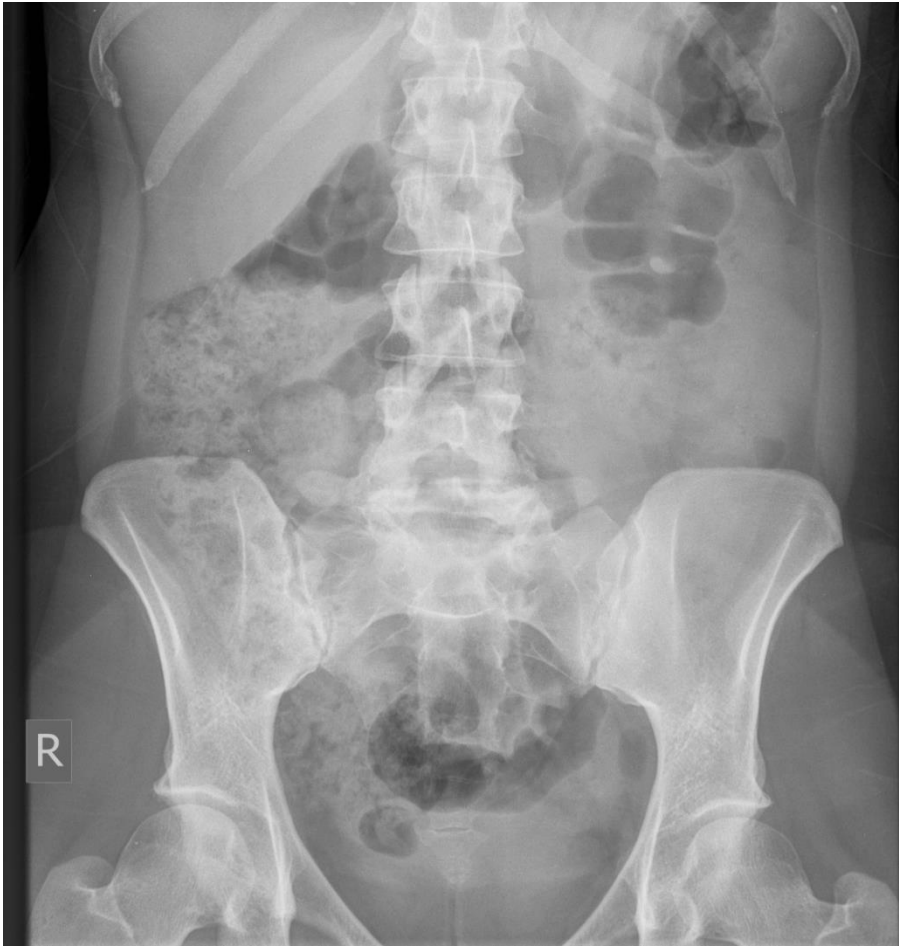
- Oral Asacol
- Asacol foam enemas
- Gastro OPA
- IBD Nurse Helpline

- Histology favouring UC
- Settled with Rx

01/2015

- BO x 5 to x 10, Bristol 3 to 7
- Constipation
- Abdominal pain, PR bleeding, PR mucus
- Nocturnal symptoms

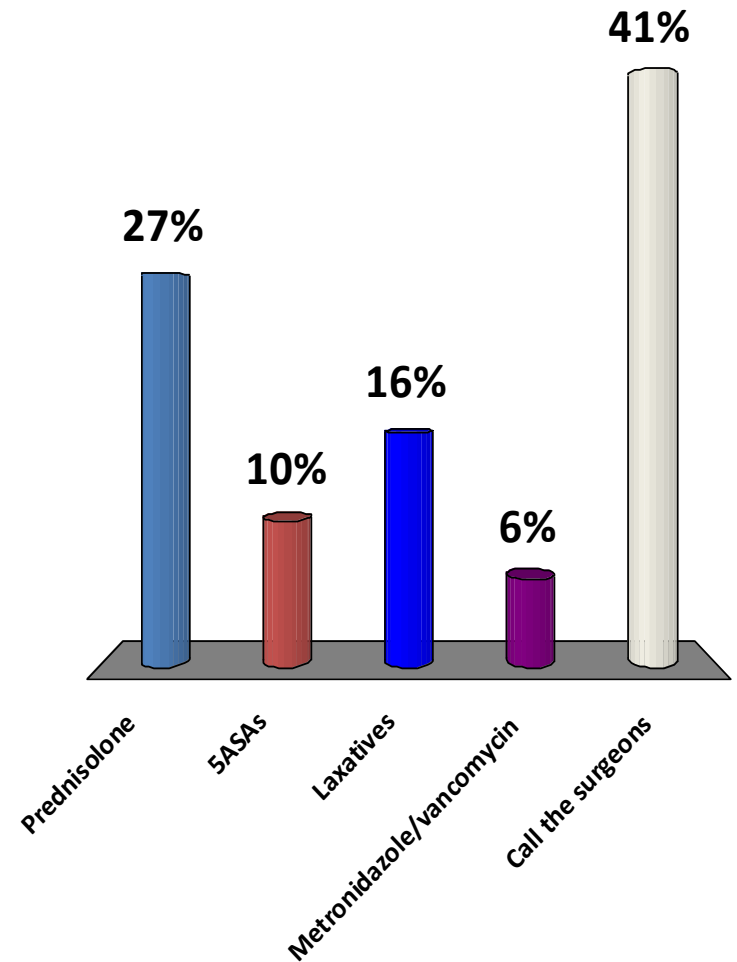
AXR What Treatment?



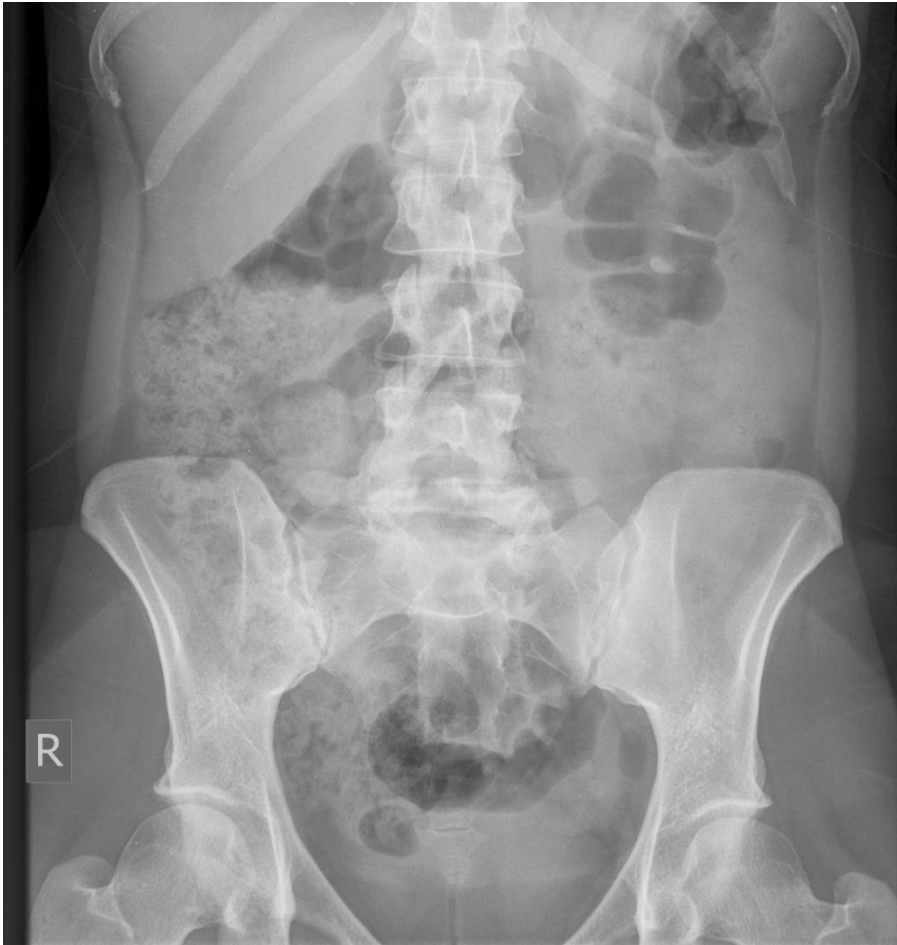
- Prednisolone
- 5ASAs
- Laxatives
- Metronidazole/Vancomycin
- Call the surgeons?

What treatment next?

- A. Prednisolone
- B. 5ASAs
- C. Laxatives
- D. Metronidazole/
vancomycin
- E. Call the
surgeons



AXR What Treatment?



- Prednisolone
- 5ASAs
- Laxatives ✓
- Metronidazole/Vancomycin
- Call the surgeons?

01/2015

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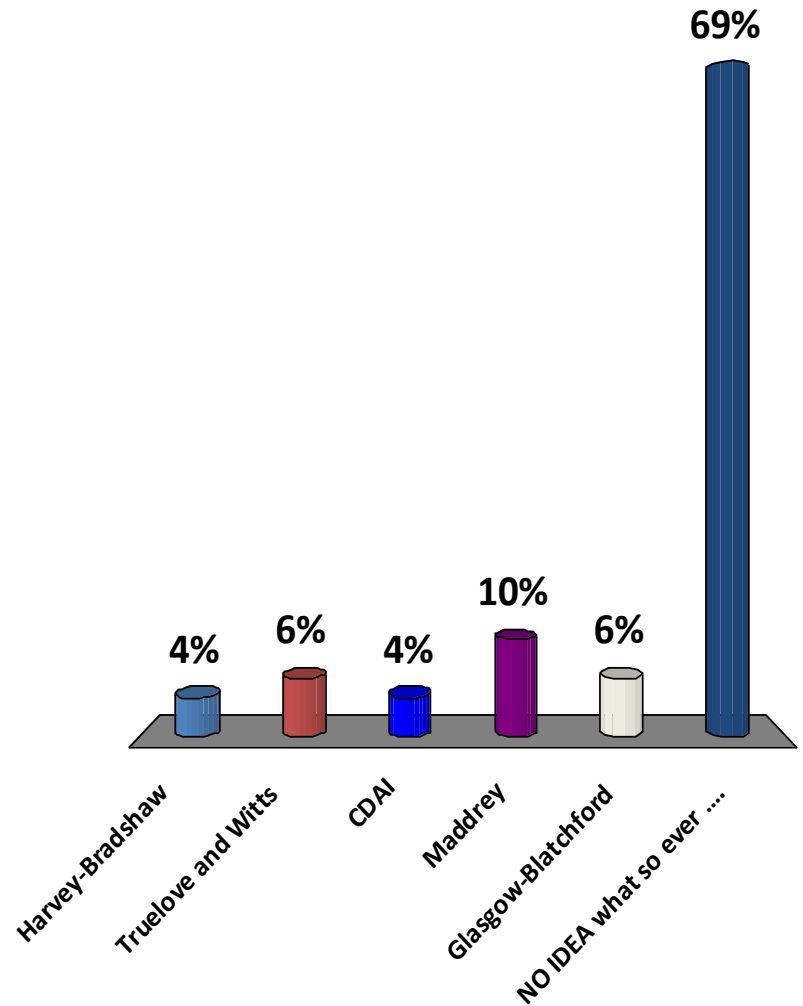
- Maintenance Asacol
- 5ASA suppositories... Prednisolone suppositories
- Fybogel

04/2015

- BO x8, PR bleeding,
Urgency
- Hb 152, ESR 5, T 37°C,
HR 90

Which Clinical Scoring System ?

- A. Harvey-Bradshaw
- B. Truelove and Witts
- C. CDAI
- D. Maddrey
- E. Glasgow-Blatchford
- F. NO IDEA what so ever
-



Which Clinical Scoring System?

- Harvey-Bradshaw
- Truelove and Witts ✓
- CDAI
- Maddrey
- Glasgow-Blatchford

Truelove & Witts Severity Index

	Mild	Moderate	Severe
N ^o stools per day	< 4	4-6	> 6
Blood in the stools	No more than small amounts of blood	Between mild and severe	Visible blood
Temperature	Afebrile	Intermediate	> 37.8
Heart Rate	Normal	Intermediate	> 90
Haemoglobin (g/dl)	> 11	10.5-11.0	< 10.5
ESR	< 20	20-30	> 30

t on a
75-8.

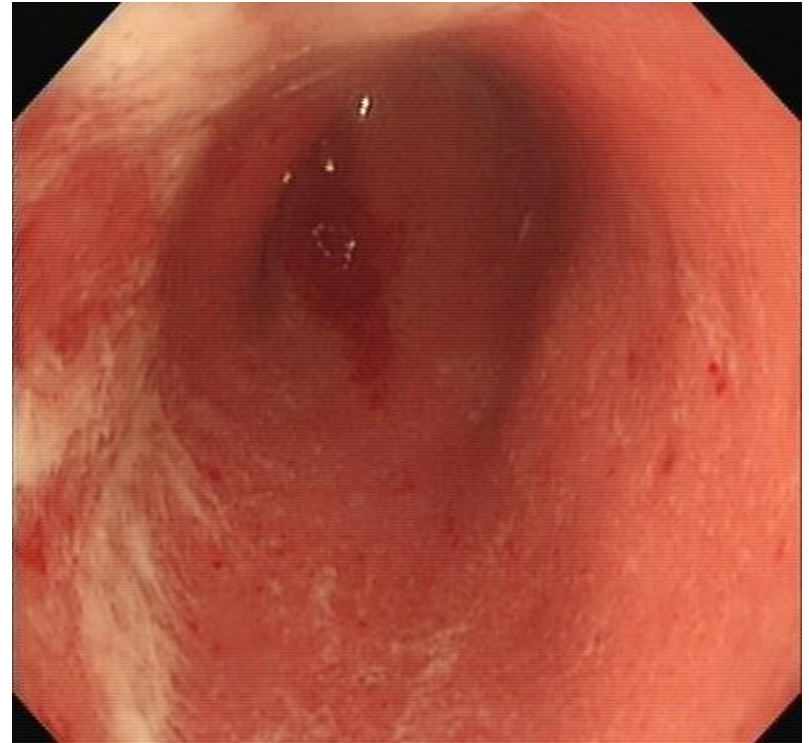
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Haemoglobin (g/dl)	> 11	10.5-11.0	< 10.5
ESR	< 20	20-30	> 30

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04/2015

- BO x8, PR bleeding, Urgency
- Hb 152, ESR 5, T 37°C, HR 90
- FS: Diffuse areas of inflammation in the rectum, normal sigmoid
- Rx: Prednisolone
- Admitted to BHFT
- Rx: Hydrocortisone



05/2015

- BO x2, Bristol 4, no PR bleeding (Pred. 25mg, Asacol 2.4g)
- Viral screen, TPMT

06/2015

- BO x3, Bristol 4 to 5, slight PR bleeding, urgency (Pred. 10mg, ↑Asa 1.4g)

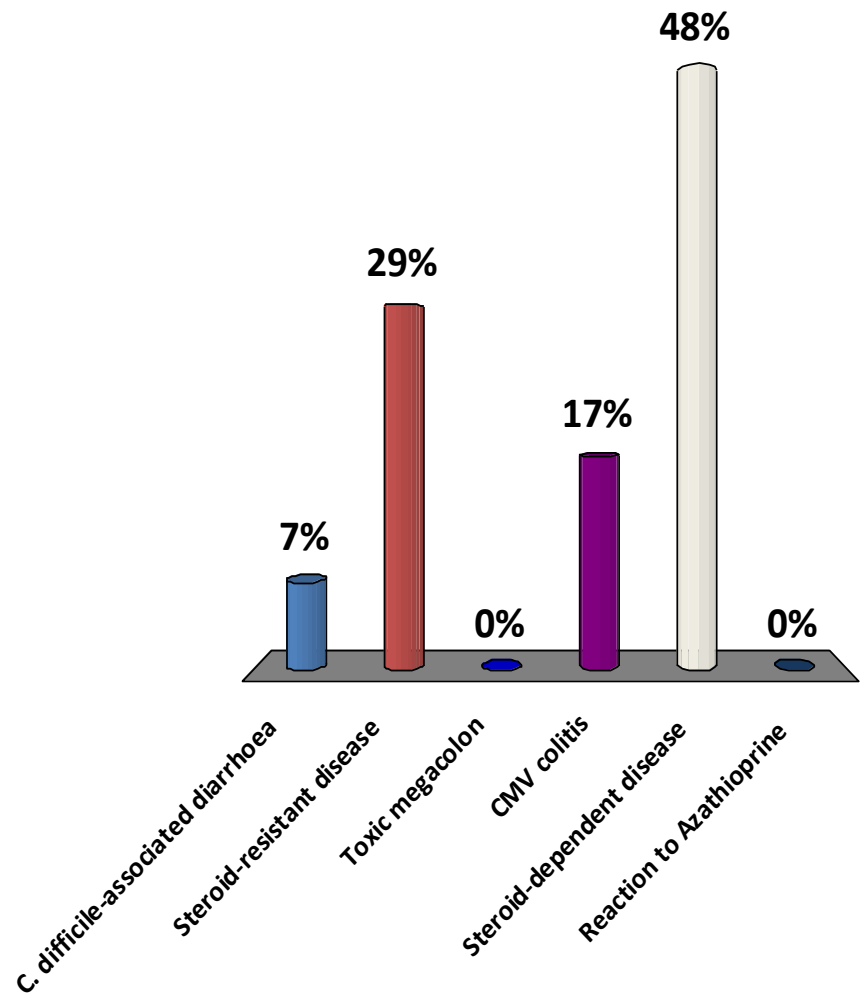
07/2015

- BO x3 to x4, Bristol 4 to 7, PR bleeding (Asacol 4.8g)
- Prednisolone + Azathioprine



Why is she more symptomatic?

- A. *C. difficile*-associated diarrhoea
- B. Steroid-resistant disease
- C. Toxic megacolon
- D. CMV colitis
- E. Steroid-dependent disease
- F. Reaction to Azathioprine

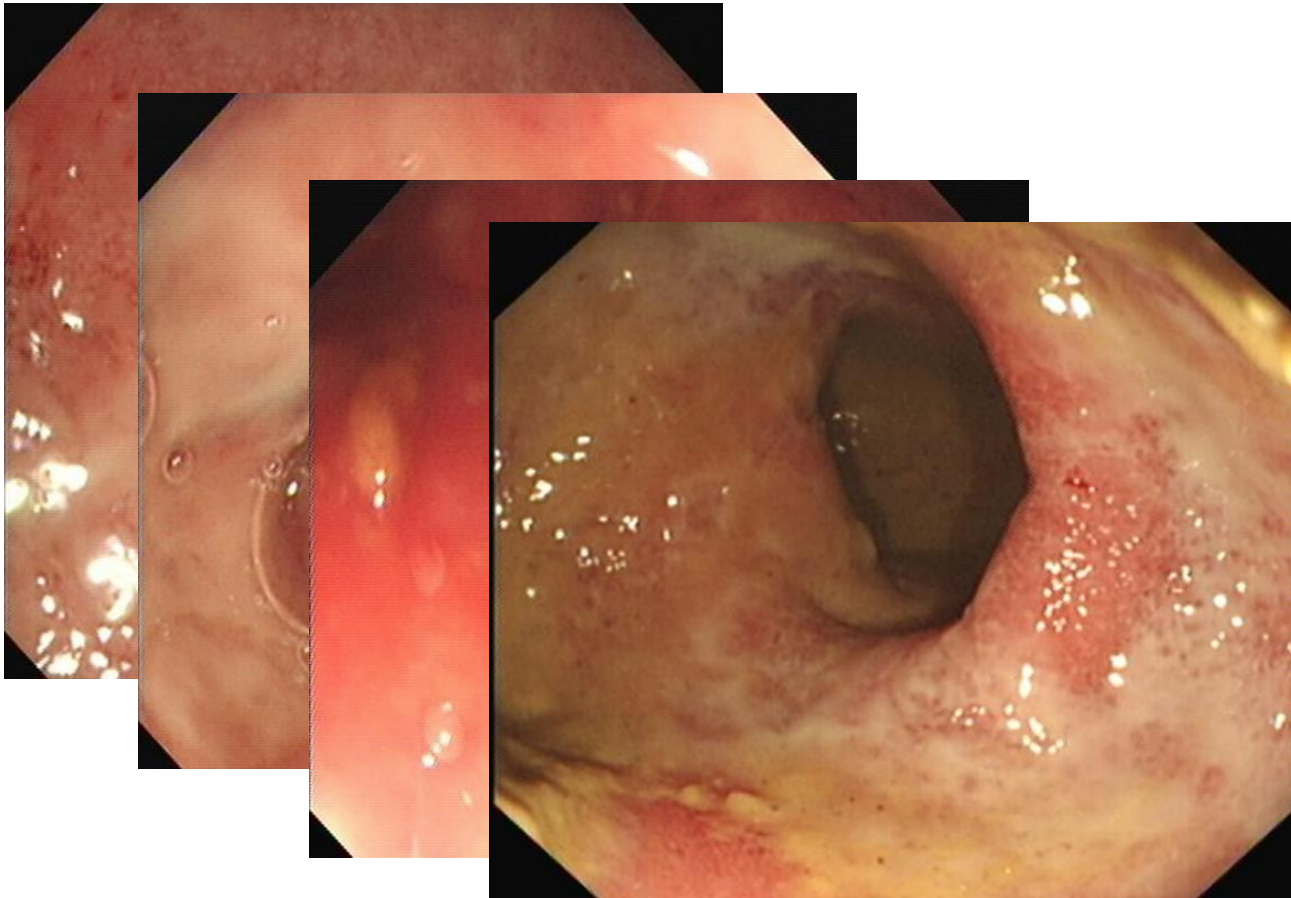


Why is she more symptomatic?

- C. difficile-associated diarrhoea
- Steroid-resistant disease
- Toxic megacolon
- CMV colitis
- Steroid-dependent disease ✓
- Reaction to Azathioprine

07/2015

- IP admission, FS x2
- Iv Hydrocortisone
- Infliximab 5mg/kg



08/2015

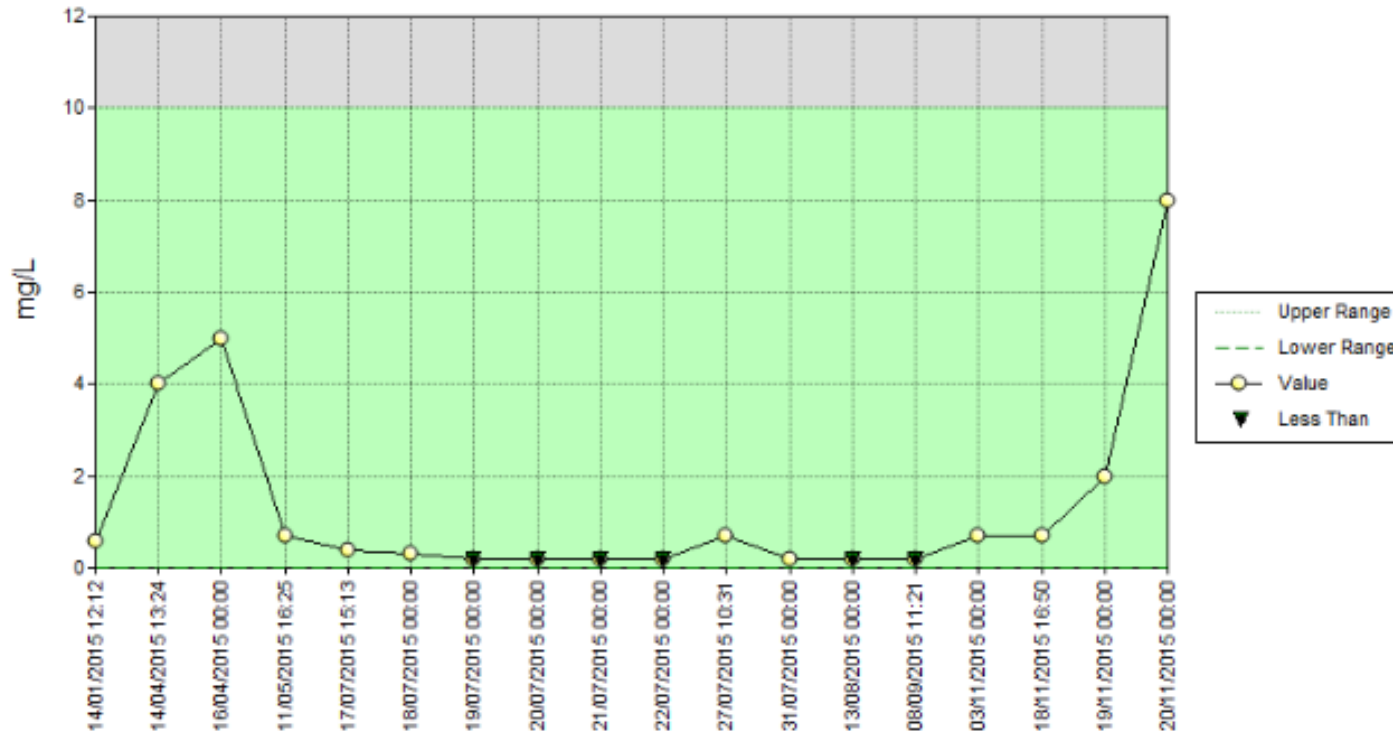
- BO x1, Bristol 4
- no PR bleeding

11/2015

- Abdominal pain
- Bloating
- Diarrhoea



CRP



15% of patients fail to mount a CRP response

The NICE logo consists of the word "NICE" in a bold, white, sans-serif font, centered within a solid black rectangular background.

Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel

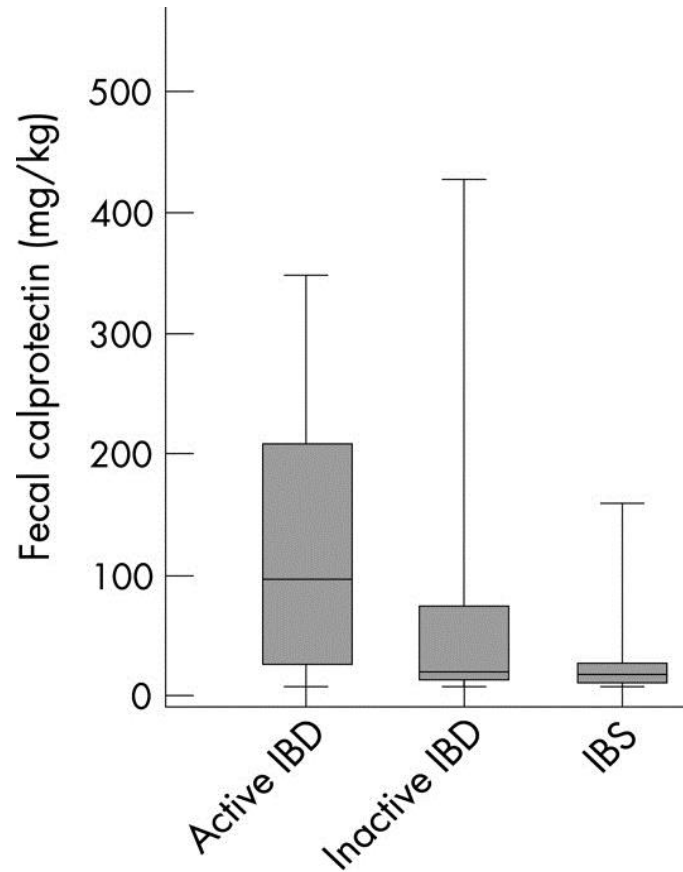
Diagnostics guidance

Published: 2 October 2013

nice.org.uk/guidance/dg11



Faecal Calprotectin

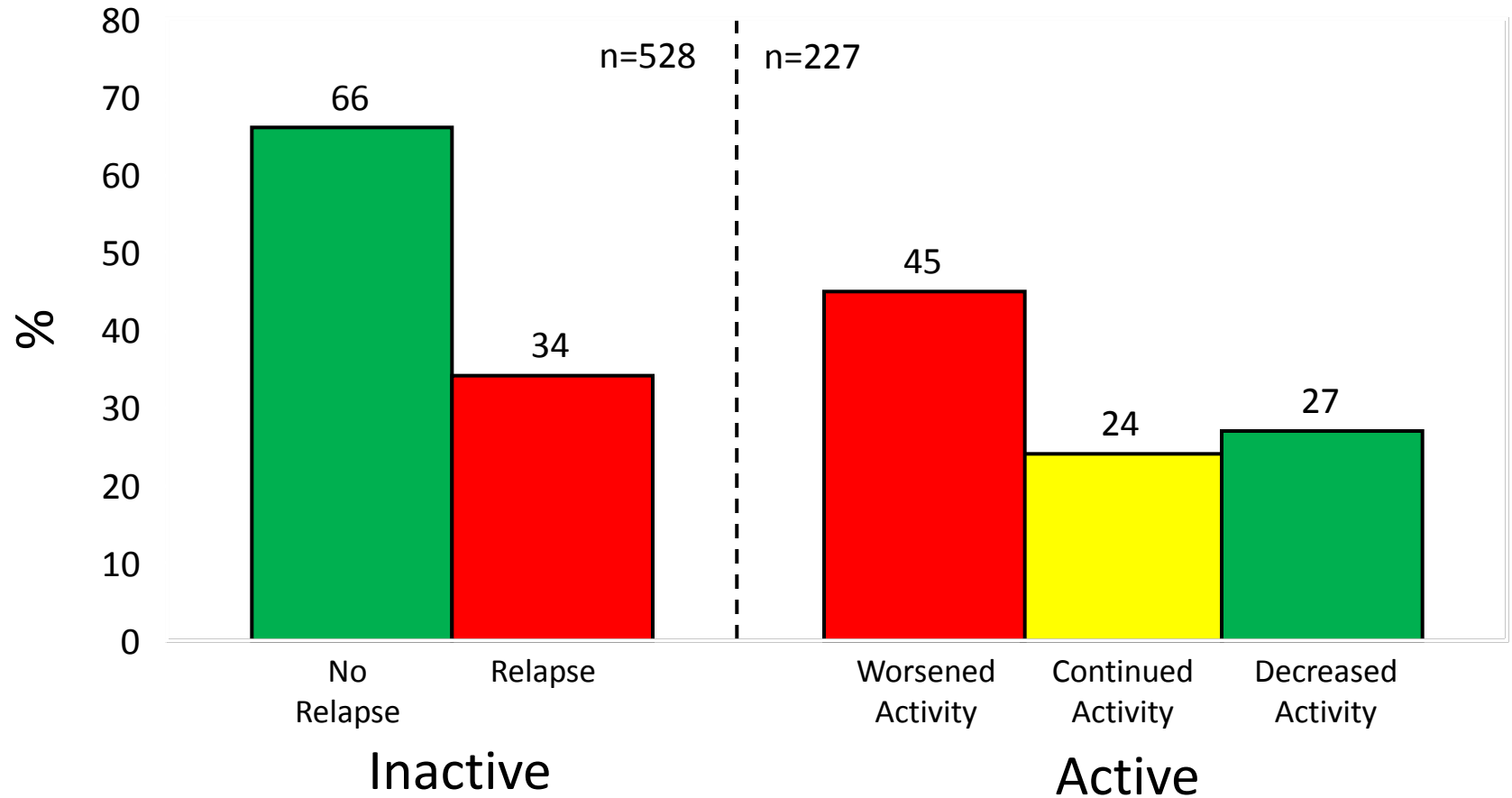




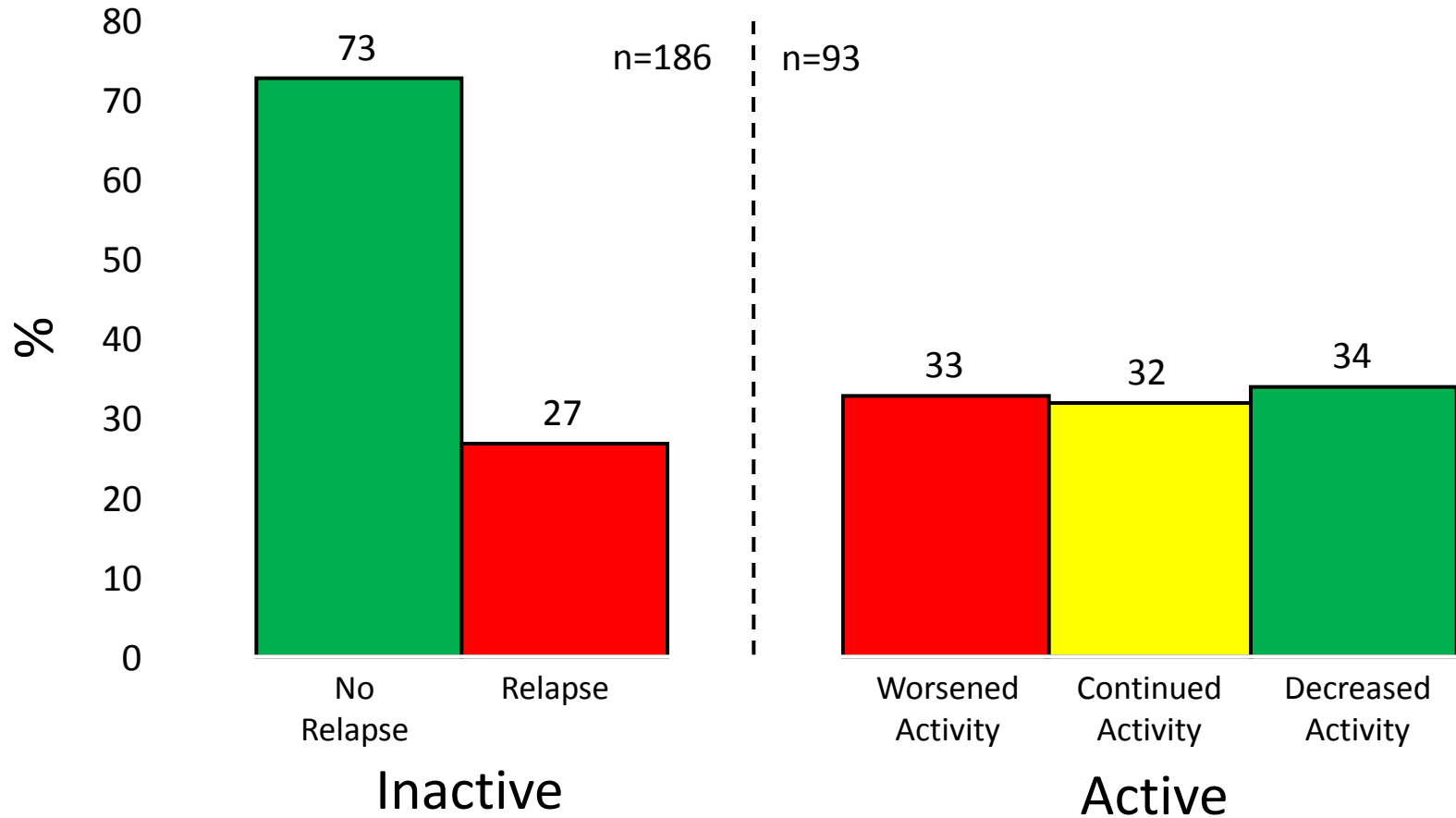
I want a baby.

Is my colitis going to get worse?

Effect of Pregnancy on Ulcerative Colitis: Disease Activity at Conception



Effect of Pregnancy on Crohns Disease: Disease Activity at Conception



Assessment of Pregnant IBD Patients

- Laboratory studies (ESR, Hb, Albumin, CRP)
- Ultrasound
- X-rays (low dose Xrays pose minimal foetal risk¹)
- Endoscopy – low risk if used for appropriate indications²
- Flexible sigmoidoscopy – low risk²
- Colonoscopy – should only be used for life-threatening colonic disease or when only alternative is laparotomy²

¹Hufton AP. Br J Radiol. 1979;52:735-740.

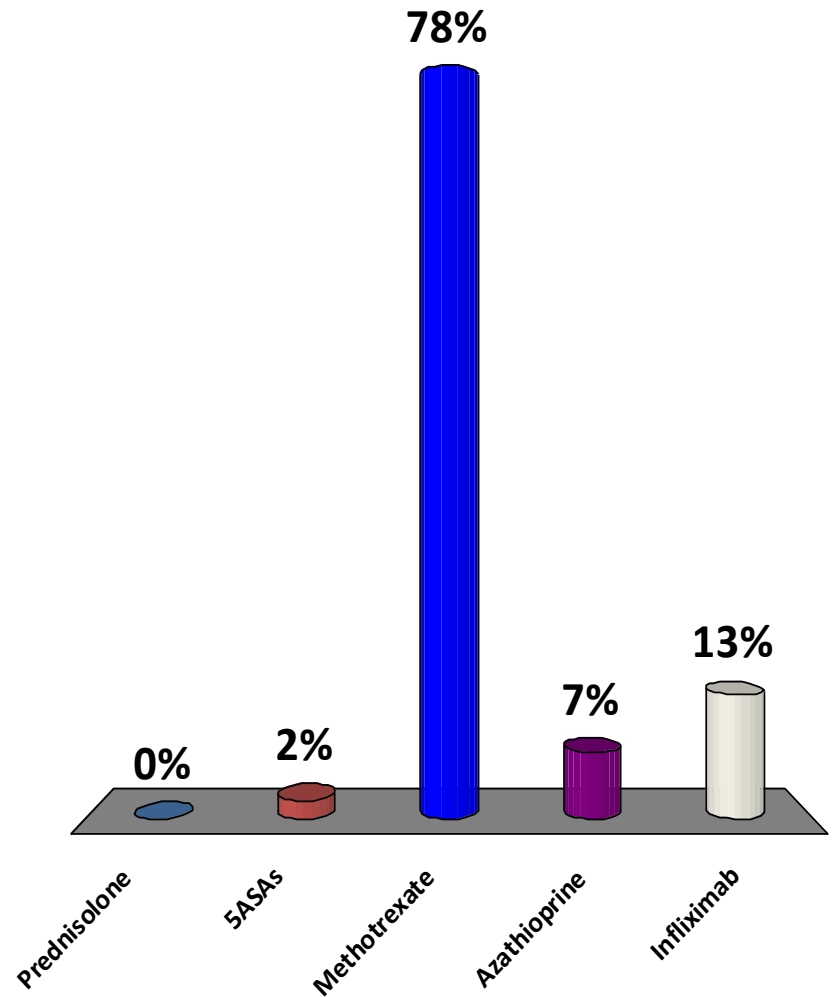
²Cappell MS, et al. Dig Dis Sci. 1996;41:2353-2361.



Is the IBD medication going to hurt my unborn baby?

Which drug is contraindicated in pregnancy?

- A. Prednisolone
- B. 5ASAs
- C. Methotrexate
- D. Azathioprine
- E. Infliximab



Which drug is contraindicated in pregnancy?

- Prednisolone
- 5ASAs
- Methotrexate ✓
- Azathioprine
- Infliximab

Safety of IBD Medications in Pregnancy

Category B

Loperamide

Mesalamine

Balsalazide

Corticosteroids

Sulfasalazine

Anti-TNF agents

Metronidazole*

Category C

Ciprofloxacin

Cyclosporine

Diphenoxylate

Olsalazine

Tacrolimus

Natalizumab

Category D

Azathioprine[†]

6-Mercaptopurine[†]

Category X

Methotrexate

Thalidomide



Briggs GG, et al. *Drugs in Pregnancy and Lactation*. 5th ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 1998. *Physician's Desk Reference*[®]. 57th ed. Montvale, NJ: Thompson PDR; 2003.

Case 2

PC

- 20F
- Crohns Disease, aged 14
- Azathioprine and Infliximab for 6 years
- Opportunistic infections
- Now symptomatic despite Infliximab
- Referred by RHH for a second opinion



"I'd say it's your gallbladder, but if you insist on a second opinion, I'll say kidneys."

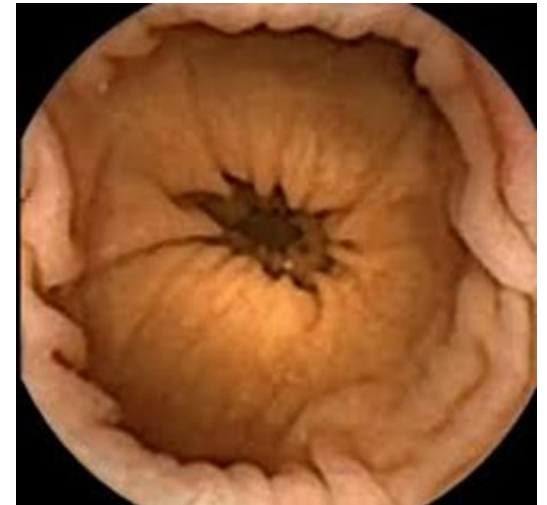
PC June 2014



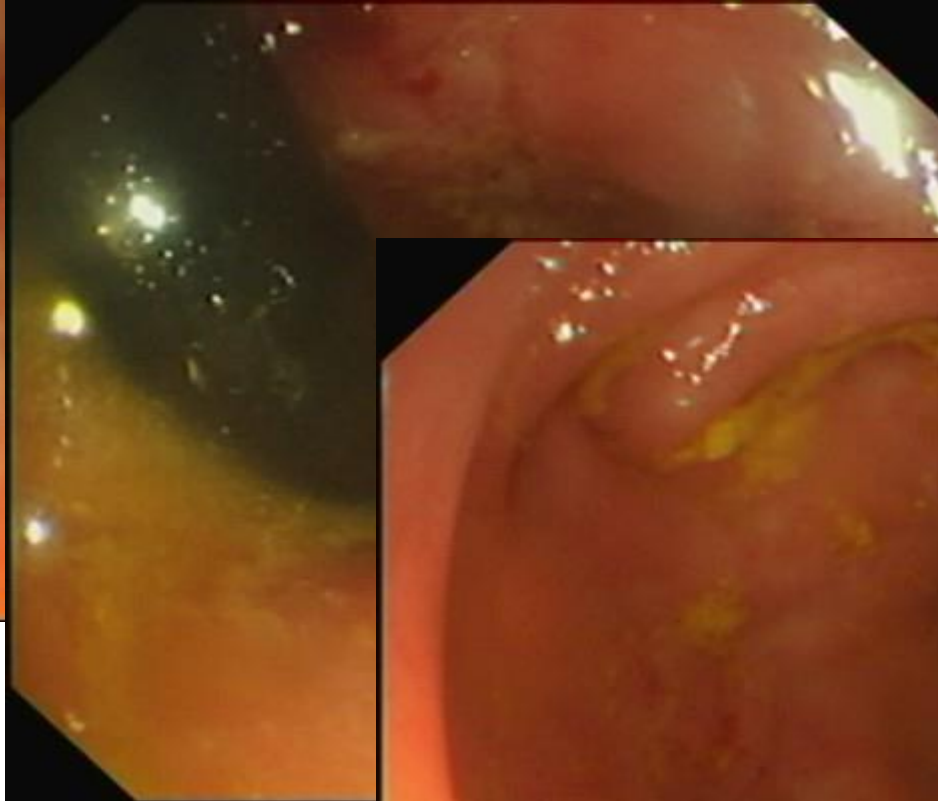
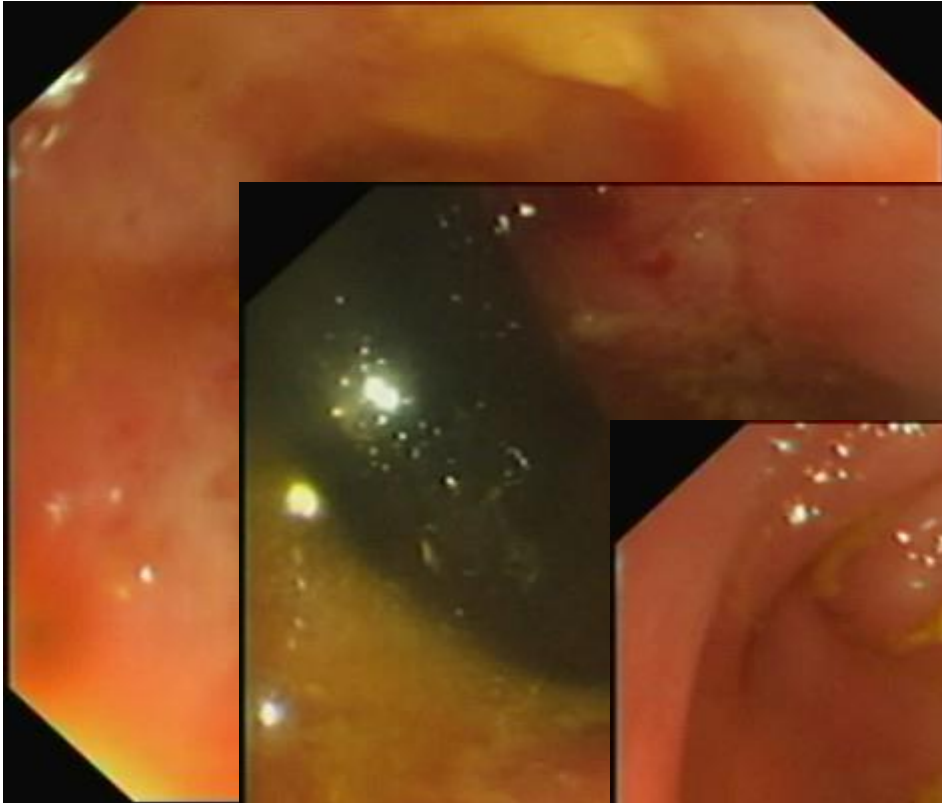
- “In agony”
- “Will not consider alternative treatments”
- Refusing reassessment
- Non-attendance at clinic
- “She just wanted Infliximab. She wondered why I could not believe her”

PC July 2014

- BO x 8, Bristol 7
- No blood, nil nocturnal
- Abdominal discomfort
- 48.5kg
- Off Infliximab
- (Azathioprine 100mg)
- Refusing colonoscopy
- Refusing dietetic support
- ESR 15, CRP 3
- Hb 135, Plt 554
- Faecal Calprotectin 269
- Normal capsule



Colonoscopy March 2015

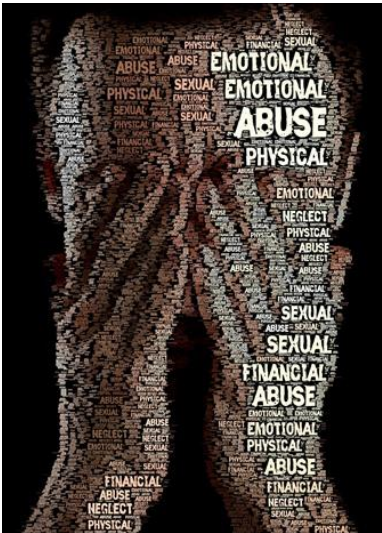


PC August 2015

- BO “hourly” despite restarting Infliximab 4/12 ago
- “A little depressed”
- Weight 35.6 kg

- Refusing Azathioprine
- Refusing admission
- Refusing endoscopy

- Dietician Review
 - “very upset that she was asked to see her”
 - “evasive about food intake”
 - “food goes straight through her, so why bother?”



PC September 2015

- 39kg
- “Appears much brighter”
- “Working hard to increase weight”
- “Symptoms much improved”



Summary

- Make use of non-invasive tests
- Ignore negative inflammatory profiles if there is a high clinical index of suspicion
- Don't be afraid to add topical therapy if distal disease
- Look out for ↑ symptoms with ↓ Prednisolone
- Be attuned to psychological distress in patients not responding to therapy