

# Ulcerative Colitis

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Although this disease is not common in Malta, it is one that should deserve more of our attention. It is a chronic disease and very often associated with complications. This survey aims at presenting the incidence, aetiology, pathology, clinical presentations, complications and progress of this multifacial disease as it occurs in these islands.

## History:

It is not exactly known when this disease was first described. It was referred to by name in the second half of the 19<sup>th</sup> Century. It seems probable, however, that its existence was recognised for a long time before then. In 300 A.D. Aretaeus described a disease which may well have been Ulcerative Colitis, and in Roman times a description of it was given by Soranus in A.D. 117. In the Middle Ages the distinction between the infectious and non-contagious types of diarrhoea became clear. Whereas the former flourished amongst the poorer classes, the latter affected mainly the well-to-do. In 1859 Sir Samuel Wilks, for the first time, coined the word 'Ulcerative Colitis' in conjunction with the description of the intestine of a patient, a certain Miss Banks. By the beginning of the 20<sup>th</sup> Century the term Ulcerative Colitis had passed into common usage. By 1909 some 300 cases were presented before the Royal Society of Medicine. Despite its long history a universally accepted definition of the disease is lacking, mainly because of its obscure aetiology.

## Method:

The study presented covers the ten year period 1961-1970. All the particulars of patients admitted to S.L.H. over this period were obtained. The History sheets, Barium Enemas etc. of each case were then examined, and some of the patients were also interviewed.

## Incidence:

Over the ten year period studied, 59 patients were found to be hospitalised for this disease. Of these, 38 were females and 21 males. The youngest patient of the series was six year old, and the eldest seventy nine. The average age of onset was forty six years for males, and thirty eight years for females.

Table I

Age of onset	Male	Female
0 - 9	1	0
10 - 19	2	4
20 - 29	3	12
30 - 39	2	7
40 - 49	6	5
50 - 59	2	4
60 - 69	2	6
70 - 79	3	0

As seen from Table I, the disease locally affects mostly men in their forties and women in their twenties and thirties as well as middle aged ladies. In Britain the 20-40 age group is mostly affected, while in the U.S.A. the disease occurs mostly in children, teenagers and young adults. As seen in Table two, the disease in Malta is definitely getting more common.

Table II

Year	No. of Cases
1961	6
1962	3
1963	3
1964	7
1965	6
1966	7
1967	6
1968	9
1969	9
1970	3

The disease occurs mostly in urban areas. It is rare in Spain, Middle East, Japan, Central and South America; but more common in England, New Zealand, Scandinavia and U.S.A. Only two cases recorded in this series admitted to having a family history of this disease. Kirsner & Spencer (1) found that 5.2% of their patients had a family history of the disease.

## Aetiology: (according to Kirsner (2) )

Many hypotheses have been put forward regarding the aetiology of this disease. Some workers attribute the disease to defective cellular regeneration in the Colon and Rectum. Others attribute the cause to the action of cytotoxic enzymes released from Colonic cells. Non occlusive Mesenteric and/or Colonic Vascular ischaemia has also been proposed. Emotional factors do play a part in this disease, but only few believe that they are causative factors. Another hypothesis considers Ulcerative Colitis as an auto-immune disease. The disease responds well to steroids. Only a few believe that it is caused by a bacterial and viral infection, intensified by bacterial enzymes and endotoxins. Some believe that the disease is due to a hypersensitivity reaction and the allergen most widely investigated is milk. Only very few consider this disease as one of the Collagen Diseases.

## Pathology:

Ulcerative Colitis affects the Colon (3) in 65-75% of cases, and extends up to the Ileum in the remaining 35-25%. It usually starts in the recto-sigmoid region and extends upwards. Initially mucosal haemorrhages arise in the crypts of the mucosal glands. These haemorrhages then suppurate, the abscesses being formed undermine the

mucosa and small ulcers form therein. Such ulcers usually extend only as far down as the muscularis layer. Sometimes the muscularis is also invaded, and so pericolic abscesses, fistulae and peritonitis occur.

#### **Clinical Presentation:**

Two main Clinical types (4) occur:—

- i) Fulminating onset type — five cases, and
- ii) Chronic type — fifty four cases.

In the first category, the patient presents with fever, severe diarrhoea and rectal bleeding. The stools contain, apart from fresh blood, mucus and pus. The patient is usually very ill and toxic. In the Chronic type the patient, after a first attack which is usually moderate in severity, has a number of other attacks at variable intervals. The patient becomes anaemic and wasted. Diarrhoea and Rectal bleeding are the most salient features during relapses.

Ulcerative Colitis presents many a complication. These may be local or General:

#### **Local:**

- a) Pseudopolyposis — 3 cases.
- b) Cancer — 3 cases.
- c) Perforation and Haemorrhage — 6 cases.
- d) Stricture — 2 cases.
- e) Fistula-in-ano — 1 case.
- f) Fissure-in-ano — 3 cases.
- g) Haemorrhoids — 4 cases.

In this study no cases were recorded of recto-vaginal fistulae, ischio-rectal abscesses.

#### **General:**

- a) Impaired liver function — 5 cases.
- b) Arthritis — 3 cases.
- c) Anaemia — 16 cases.
- d) Scleritis 1 case.
- e) Electrolyte disturbances — 4 cases.
- f) Serum protein changes — 9 changes.

In this series no cases of sacro-ilitis, ankylosing spondylitis, skin diseases or Iritis were found as complications of this disease. In more than 25% of cases there were changes in weight due to inadequate food consumption, diarrhoea, vomiting, and faulty intestinal absorption.

#### **Prognosis:**

It is very difficult to give a prognosis in this disease. Factors which aid in its assessment are i) extent of involvement of the gut, ii) age and previous health of patient, iii) presence of complications and iv) severity of the disease. Prognosis is very poor in the fulminating cases. Seven of the fifty nine patients in this series died. Of the seven five were males.

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#### **Bibliography:**

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- (3) Robbins — *Pathology*
- (4) Bailey & Love — *Textbook of Surgery*.