

**CC:** Abdominal pain**HPI:** 54 year old woman.

- usual state of health until 2 months ago
- sharp, LLQ abdominal pain that comes and goes
- eating sometimes worsens pain
- eating triggers diarrhea and abdominal cramping; occurs with any type of solid food
- endorsed bright red blood and maroon blood in stool
- losing unknown amount of weight
- at least 3x daytime BMs and 3x nighttime BMs
- endorsed fevers (up to 104F)
- no recent travel, no sick contacts, no undercooked food
- rest of ROS negative

**PMH:**

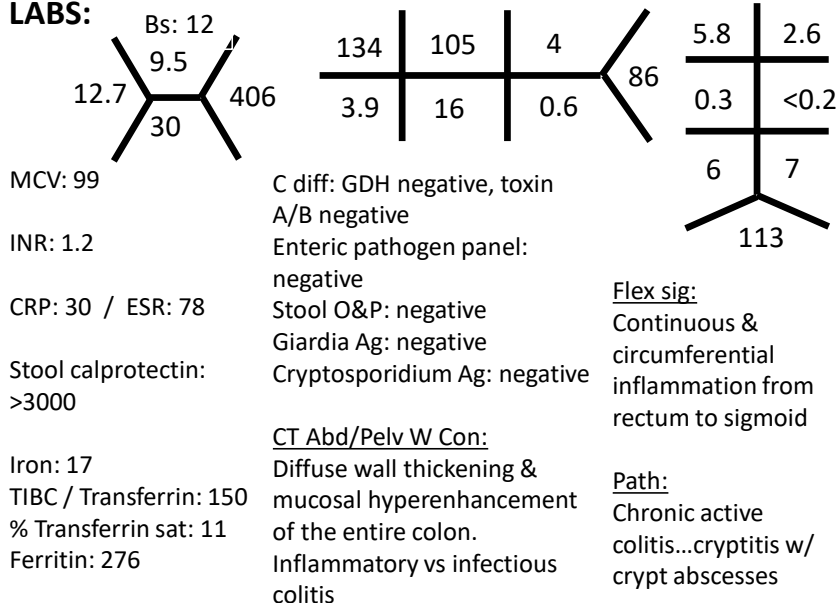
- none

**SH:**

- Tobacco: denied
- EtOH: denied
- Drugs: denied

**OUTPATIENT MEDS:**

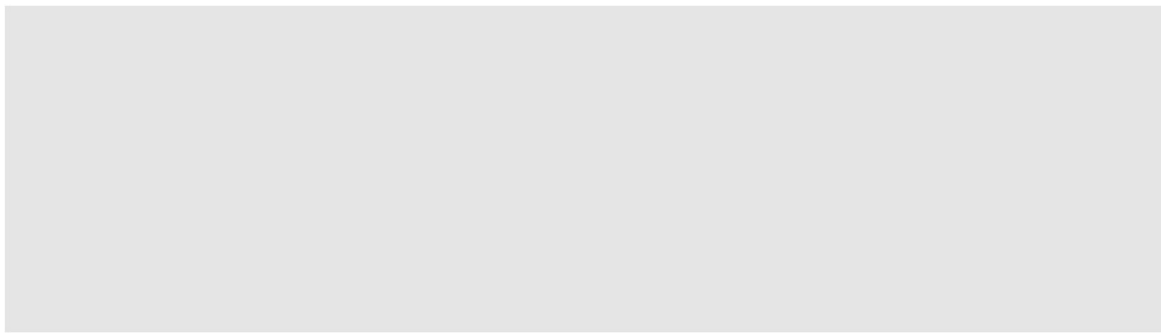
- none

**PHYSICAL EXAM:****Tmax:** 37.8C, **BP:** 124/65, **HR:** 114, **RR:** 20, **SpO2:** 98% on RA**General:** In NAD**HEENT:** PERRL, EOMI, non-icteric sclera**CV:** Tachycardic rate, regular rhythm, no murmurs/rubs/gallops**Pulm:** CTAB, no wheezes/rhonchi/crackles**GI:** Non-distended, soft, tender to palpation at LLQ, no rebound, no guarding, no masses or organomegaly**Neuro:** AOx3, no asterixis, answering questions appropriately, moving all extremities spontaneously against gravity**Skin:** No rashes, no jaundice**LABS:****PROBLEM REPRESENTATION:**

Middle aged woman w/ depression, presenting with acute on chronic abdominal pain, blood diarrhea, tenesmus, found to have...



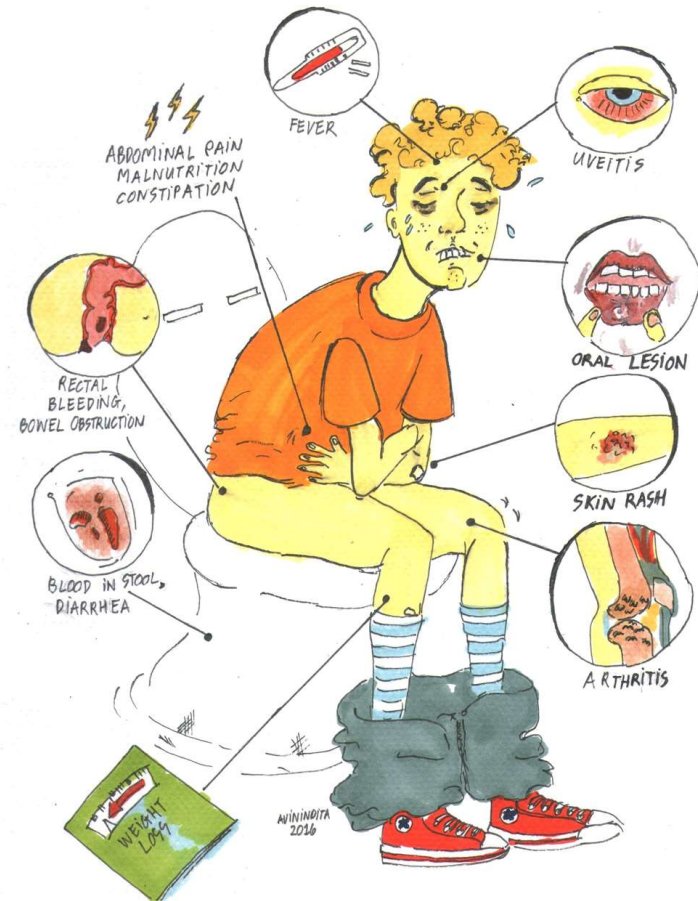
# ULCERATIVE COLITIS





# CLINICAL MANIFESTATIONS

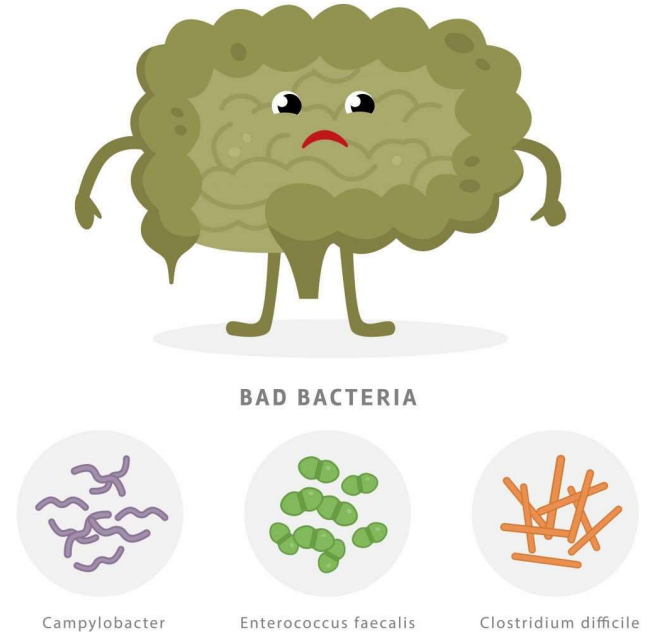
- Fever, weight loss, abdominal pain
- BM characteristics
  - Diarrhea
  - Urgency
  - Tenesmus
  - Incontinence
  - Frequency?
  - Blood in stool?
- Ask about infectious exposures





# WORKUP

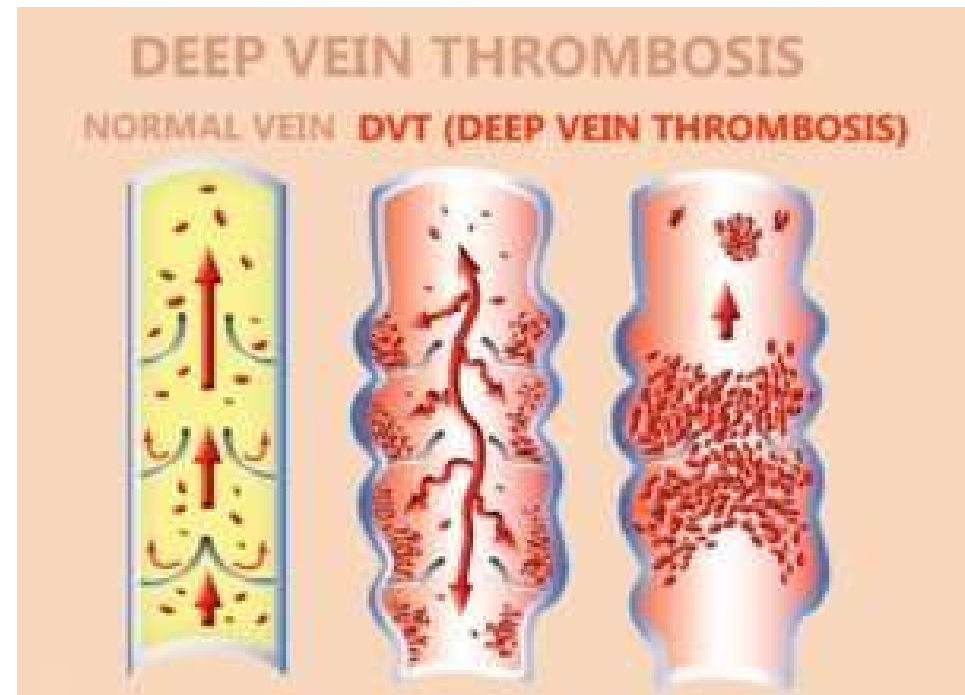
- R/o infection
  - C diff
  - Enteric pathogen panel (Shiga toxin-producing E coli, campylobacter, Salmonella, Yersinia)
  - Stool O&P
  - CMV (endoscopic specimen)
- Inflammatory markers (e.g. ESR / **CRP**)
- Imaging (e.g. KUB) to r/o toxic megacolon





# DAILY ASSESSMENT / INTERVENTIONS

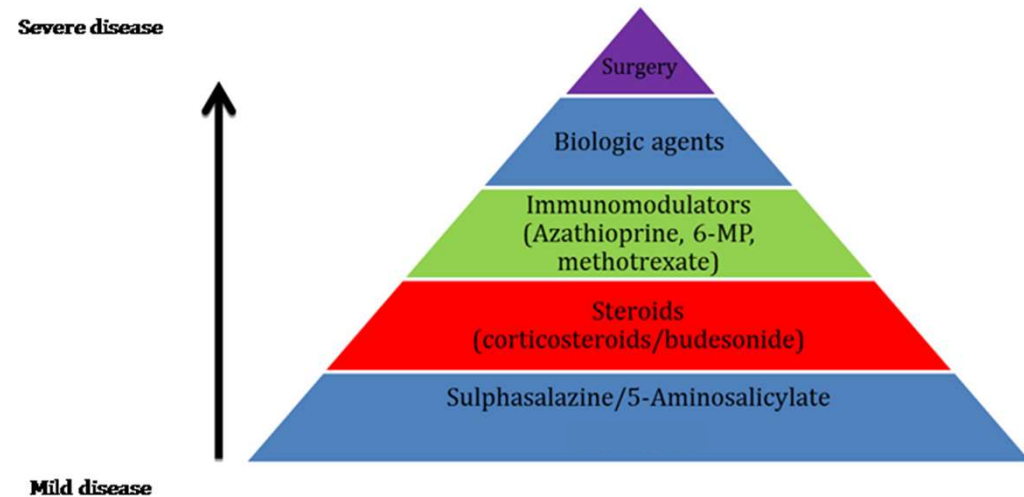
- GI Symptoms
  - Abdominal pain
  - Frequency of BM
  - Consistency of stool
  - Presence of blood in stool
- **DVT prophylaxis**
  - LMWH, unfractionated heparin, fondaparinux
  - Mechanical DVT ppx only if severe GI bleeding





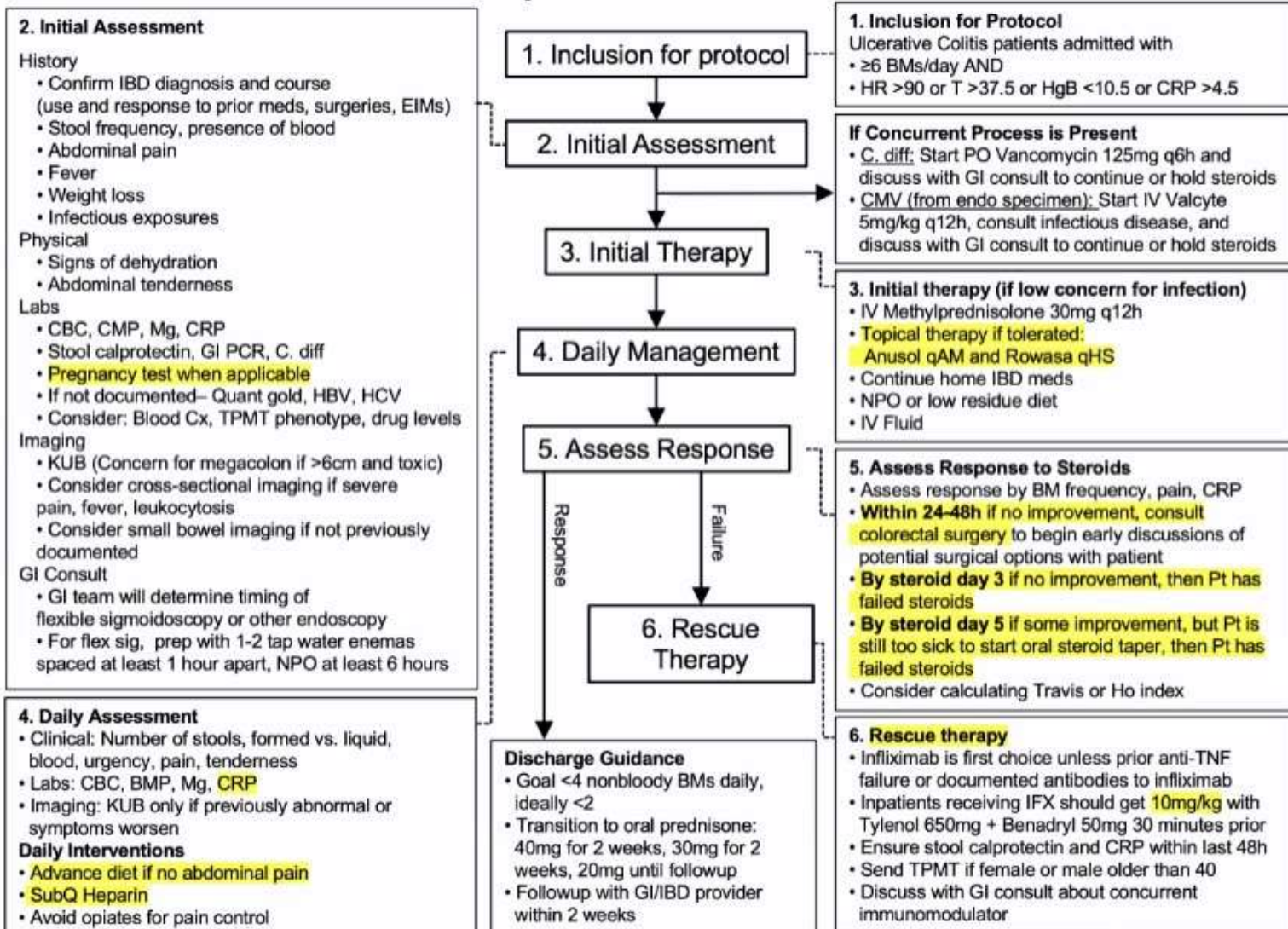
# TREATMENT

- 5-Aminosalicylates (non-steroidal anti-inflammatory e.g. mesalamine)
- Glucocorticoids
- Immunomodulators (thiopurines e.g. azathiopurine)
- Biologics (anti-TNF agents e.g. infliximab)
- Surgery





# Severe Ulcerative Colitis Inpatient Protocol





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**PMH:**

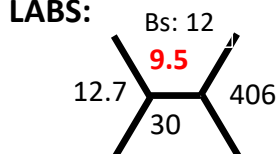
- none

**SH:**

- Tobacco: denied
- EtOH: denied
- Drugs: denied

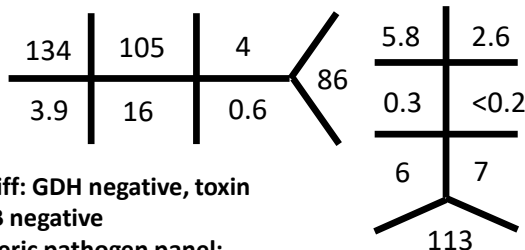
**OUTPATIENT MEDS:**

- none

**PHYSICAL EXAM:****Tmax:** 37.8C, **BP:** 124/65, **HR:** 114, **RR:** 20, **SpO2:** 98% on RA**General:** In NAD**HEENT:** PERRL, EOMI, non-icteric sclera**CV:** Tachycardic rate, regular rhythm, no murmurs/rubs/gallops**Pulm:** CTAB, no wheezes/rhonchi/crackles**GI:** Non-distended, soft, tender to palpation at LLQ, no rebound, no guarding, no masses or organomegaly**Neuro:** AOx3, no asterixis, answering questions appropriately, moving all extremities spontaneously against gravity**Skin:** No rashes, no jaundice**LABS:**

MCV: 99

INR: 1.2

**CRP: 30** / ESR: 78**Stool calprotectin:**  
**>3000**Iron: 17  
TIBC / Transferrin: 150  
% Transferrin sat: 11  
Ferritin: 276**C diff: GDH negative, toxin A/B negative****Enteric pathogen panel:**  
**negative**Stool O&P: negative  
Giardia Ag: negative  
Cryptosporidium Ag: negativeCT Abd/Pelv W Con:Diffuse wall thickening & mucosal hyperenhancement of the entire colon.  
Inflammatory vs infectious colitisFlex sig:**Continuous** & circumferential inflammation from **rectum to sigmoid**Path:**Chronic active colitis...cryptitis w/ crypt abscesses****PROBLEM REPRESENTATION:**

Middle aged woman w/ depression, presenting with acute on chronic abdominal pain, blood diarrhea, tenesmus, found to have...

**DIAGNOSIS: ULCERATIVE COLITIS****LEARNING POINTS:**

- Clinical manifestations
  - Fever, weight loss, abdominal pain
  - Diarrhea, urgency, incontinence, tenesmus
  - Ask about stool frequency & presence of blood
  - Evaluate for infectious exposures
- Important initial workup
  - R/o infection (Cdiff, enteric pathogen panel, CMV)
  - Stool calprotectin
  - Inflammatory markers (e.g. CRP)
  - Imaging to r/o toxic megacolon
- Important daily interventions
  - DVT prophylaxis (LMWH, unfractionated heparin, fondaparinux)
- Treatment
  - 5-ASA (non-steroidal anti-inflammatory e.g. mesalamine)
  - Glucocorticoids
  - Immunomodulators (thiopurines e.g. azathioprine)
  - Biologics (anti-TNF agents e.g. infliximab)