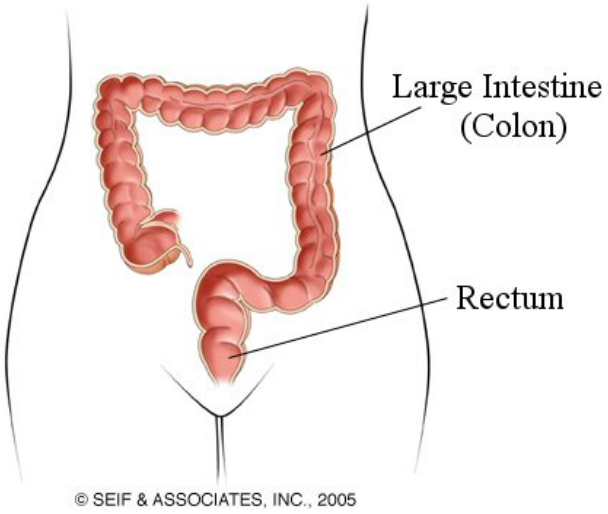
Ulcerative Colitis
Pediatric

Ulcerative colitis (UC) is an ongoing (*chronic*) disease of the large intestine. The parts of the intestine that are affected are:

- The main part of the large intestine (*colon*).
- The lower part of the large intestine (*rectum*).

In UC, there is *inflammation* (the body's way of reacting to injury and/or infection) of the inner lining of the colon or rectum. Both boys and girls are equally affected. UC is one of several diseases called inflammatory bowel disease (IBD). UC needs long-term medical care. If a child has a bad case of UC that affects most of the intestines, their risk of developing colon cancer is higher than normal.



CAUSES

The exact cause of UC is not known.

- It may run in families (*genetic*).
- It may be the result of an over-reaction of the body's immune system (a system that protects the body against disease).
  - The over-reaction may be caused by food and normal bacteria that are in the intestines every day.
  - The reaction causes white blood cells to fight off what seems to be a threat in the intestine. The white blood cells and the immune system cause the inflammation. The reaction keeps on happening. This leads to the problems found in UC.
  - With time, the inflammation can lead to tiny sores (*ulcers*) in the lining of the intestine.

SYMPTOMS

Symptoms of UC can vary over time from mild to severe. Symptoms can come and go. The common symptoms include:

- Diarrhea.
- Blood in stool.
- Abdominal cramps, especially with bowel movements.
- Feeling pressure to pass a bowel movement at that moment (*Bowel movement urgency*).
- Painful straining to pass stools.
- Low grade fever.
- Loss of weight.
- Loss of hunger (*appetite*).
- Tiredness.

Sometimes, children with UC can have:

- Constipation.
- Slow growth.
- Skin rashes.
- Pain and problems in the joints.
- Inflammation of the eyes.
- Delayed puberty.
- Menstrual period that is not regular.
- Problems with other organs in the body.
- Anemia.
- Kidney stones.

DIAGNOSIS

The following tests may be done to make the diagnosis and to check for related problems.

- Blood tests.
- Stool tests.
- The lining of the intestine may be examined using a long flexible tube with a light and camera at the end (*endoscopy*).

- A small piece of the bowel lining may be removed to examine under a microscope (*biopsy*).
- A procedure may be done where chalky fluid called barium is given as an enema. This is followed by an X-ray, which may show abnormalities of the bowel (*barium enema*).
- A specialized X-ray (*computed tomography scan*) of the abdomen may be taken.

TREATMENT

There is currently no cure for UC. It will need treatment and care for life. The goal is to control or lessen symptoms. It is also to prevent relapses and to watch for complications. The type of treatment is based on your child's age, the location and the severity of the disease.

Medicines commonly used include:

- Medicines to reduce inflammation.
  - *Aminosalicylates* – help calm a flare up and maintain remission.
  - *Steroids* – used to calm down a flare up.
  - *Biologics* – to calm down a flare up and maintain remission.
  - *Immunosuppressives* – calm a flare up and help taper off steroids and maintain remission.
  - *Antibiotics* - used to control a flare up not responding to medications to calm inflammation.
  - *Antidiarrheal drugs* (to control diarrhea). Use only under guidance from your caregiver.
  - *Pain medicines* (other than ibuprofen and aspirin) to help with abdominal pain.
  - *Antidepressants or anti-anxiety medications* (used along with counseling or therapy to help with depression and/or anxiety that may come with UC).

Further treatment:

- Severe flare ups may lead to hospitalization. In such situations, your child's bowels may be put to rest by not eating or drinking. Fluids and nutrition may given be through an IV or a tube that passes through the nose into the stomach. Medicines can be given through the vein (*intravenously*).
- In severe cases not responding to medical treatment, surgery may be needed. This involves removing diseased parts of the large intestine.
- For children whose growth is affected by UC, nutritional supplements may be given.
- UC can be very stressful for children and their families. Counseling and group therapy can help.
- Over time, people with UC have a higher risk of colon cancer. Because of this, your child will need to be watched for signs of cancer throughout their life.

HOME CARE INSTRUCTIONS

- There is no specific diet for UC. A well balanced diet is best to keep your child healthy and growing normally. However, sometimes certain foods cause a flare up. It is best to avoid these foods. Keeping a diet journal can help to identify foods causing flare ups.
- Multi-vitamins are a good idea, especially if diet is restricted.
- Give medicines regularly, as prescribed by your child's caregiver.
- Treat your child as normally as possible. Allow normal activities based on the symptoms your child is having.
- Follow all the instructions given by your child's caregiver.

SEEK MEDICAL CARE IF YOUR CHILD:

- Has a flare up even with treatment.
- Is worse.
- Has an unexplained fever.
- Has new symptoms.
- Is depressed.
- Is avoiding school or other activities.

- Has a decrease in appetite.
- Is losing weight without trying to do so.
- An oral temperature of 100º F (37.8º C) or 101º F (38.3º C) rectally or higher, or as directed by your caregiver.

SEEK IMMEDIATE MEDICAL CARE IF YOUR CHILD HAS:

- Severe rectal bleeding.
- Severe belly (*abdominal*) pain.
- Swelling of the belly (*abdominal distension*).
- Abdominal tenderness to the touch.
- An oral temperature of 102º F (38.9º C) or 103º F (39.4º C) rectally or higher, or as directed by your caregiver.

Document Released: 03/26/2009 Document Re-Released: 03/14/2011
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