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Review Article

Management of ulcerative colitis: a clinical update



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ABSTRACT

The objective of this study was to evaluate the consensus of expert societies and published guidelines on the management of ulcerative colitis, and to compare with the experience of the authors, in order to standardize procedures that would help the reasoning and decision-making process of the physician. A search was performed in scientific literature, specifically in electronic databases: Medline/Pubmed, SciELO, EMBASE and Cochrane, and the following descriptors were used: ulcerative colitis, acute colitis, clinical treatment, surgery and randomized trial. It can be concluded that the goals of therapy in ulcerative colitis are clinical and endoscopic remission, deep, sustained remission without corticosteroids, prevention of hospitalizations and surgeries, and improved quality of life. The surgical indications are reserved for selected cases, ranging from medical intractability, complications (severe refractory acute colitis, toxic megacolon, perforation and hemorrhage) and malignancy. Information in this review article must be submitted to evaluation and criticism of the specialist responsible for the conduct to be followed, in the face of his/her reality and the clinical status of each patient.

The degree of recommendation and strength of evidence were based using the GRADE system (The Grades of Recommendation, Assessment, Development, and Evaluation) described below:

1. A: Experimental or observational studies of higher consistency.
2. B: Experimental or observational studies of lower consistency.
3. C: Case reports (non-controlled studies).
4. D: Opinion without critical evaluation, based on consensus, physiological studies or animal models.

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Tratamento da retocolite ulcerativa: atualização clínica**R E S U M O****Palavras-chave:**

Colite ulcerativa
Colite aguda
Tratamento clínico
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Complicações

O objetivo deste trabalho foi avaliar os consensos de sociedades de especialistas e guidelines publicados sobre o manejo da retocolite ulcerativa, e confrontar com a experiência dos autores, a fim de padronizar condutas que auxiliem o raciocínio e a tomada de decisão do médico. Foi realizada busca na literatura científica, mais precisamente nas bases de dados eletrônicas: Medline/Pubmed, SciELO, EMBASE e Cochrane, tendo sido utilizado os descritores: ulcerative colitis, acute colitis, clinical treatment, surgery e randomized trial. Pode-se concluir que os objetivos da terapia na retocolite ulcerativa são: remissão clínica e endoscópica, a remissão profunda sustentada sem corticosteróides, evitar hospitalizações e cirurgias, e melhora na qualidade de vida. As indicações cirúrgicas ficam reservadas para casos selecionados que variam de intratabilidade clínica, complicações (Colite aguda grave refratária, megacólon tóxico, perfuração e hemorragia) e malignização. As informações contidas neste artigo de revisão devem ser submetidas à avaliação e à crítica do médico especialista, responsável pela conduta a ser seguida, frente à sua realidade e ao estado clínico de cada paciente.

O grau de recomendação e força de evidência foram baseados usando o GRADE system (The Grades of Recommendation, Assessment, Development, and Evaluation), descrito abaixo:

A: Estudos experimentais ou observacionais de melhor consistência.

B: Estudos experimentais ou observacionais de menor consistência.

C: Relatos de casos (estudos não controlados).

D: Opinião desprovida de avaliação crítica, baseada em consensos, estudos fisiológicos ou modelos animais.

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Introduction and epidemiology

Nonspecific ulcerative rectocolitis (NURC) is a chronic inflammatory bowel disease (IBD) with a not fully understood etiology that manifests itself preferably in young people and whose main symptoms are a mucous and bloody diarrhea, with or without abdominal pain (A).

Its symptoms depend on the extent and severity of the disease; when limited to the rectum (proctitis), NURC tends to exhibit intense mucorrhea, tenesmus, fecal incontinence and defecation urgency. In severe cases of colitis, other associated symptoms such as vomiting, fever, anorexia, bloating and abdominal distension can emerge.

The disease tends to begin in the rectum and then extends cranially, affecting uniformly and also continuously the proximal segments, presenting a distal gradient.

In recent decades, an exponential increase in IBD has been described worldwide. There is evidence that these diseases have a direct relationship with industrial progress, which would justify its increasing incidence in some countries in recent decades, even in those hitherto classified as of low frequency (B).

There is wide variation between the incidence rates of IBD. In Europe, incidence rates range from 4.1/100,000 (Romania) to 81.5/100,000 (Faroese Islands).¹ With regard to ulcerative colitis, one recent systematic review estimated that the incidence in Europe ranged from 0.4 to 24.3 new cases diagnosed per 100,000 inhabitants (A).² In Asia and the Middle East, on the other hand, the incidence was lower: 0.1–6.3/100,000.² On the

other hand, in North America the incidence of NURC had intermediate rates, ranging from 0 to 19.2/100,000 population.³

As the prevalence of NURC, the most recent data available in the literature are from a population-based study published at the beginning of 2014 that showed a slight increase in Scandinavia (C).⁴ Currently there are about 61,000 patients diagnosed with IBD in Sweden, and most patients are carriers of NURC, with a prevalence of 0.35% (95% CI: 0.34–0.35).⁵ It has also been observed that the prevalence of IBD is higher in countries of the northern hemisphere, that is, those closer to the Arctic.⁶ In Finland the prevalence of NURC was higher in Oulu and Tampere, cities located further north, compared to Helsinki, a city located further south in that Scandinavian country (C).⁷

In Brazil, an epidemiological study conducted by the Botucatu Medical School evaluated the incidence and prevalence of IBD in a micro-region of São Paulo state. During the period from 1986 to 2005, an increase in incidence was observed over this time, but with lower values when incidence rates were compared worldwide, that is, the incidence rate in this region is low, matching Latin America and southern Europe countries (C).⁸ It is noteworthy that its incidence has an inverse relation with smoking.

Signs and symptoms

NURC usually affects young patients in the second to the fourth decade of life, regardless of gender. The inflammatory process is restricted to colorectal mucosa and submucosa and can manifest itself from a mild form to a severe colitis with

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