

Learning Series - #8

Making sense of medical terminology - INFLAMMATORY BOWEL DISEASE



Inflammatory bowel disease (IBD) is an umbrella term used for two conditions characterized by chronic inflammation of the gastrointestinal (GI) tract: ulcerative colitis and Crohn’s disease. With most cases, Ulcerative Colitis and Crohn’s can be distinguished from one another. Occasionally, patients present with overlapping clinical and diagnostic manifestations, making a conclusive diagnosis challenging.

Clinical presentation

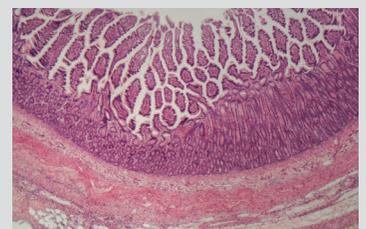
Ulcerative colitis	Crohn’s disease (granulomatous enteritis, regional enteritis, ileitis, or terminal ileitis)
The inflammation process has a continuous pattern. The disease evolution is established within the first few years of onset.	The inflammation process has a discontinuous pattern (“Skip lesions”). The disease evolution is established within the first 3-4 years of onset (greatest mortality risk).
Only the colon & the rectum are typically involved. <ul style="list-style-type: none"> • Ulcerative proctitis or proctosigmoiditis: the rectosigmoid area is affected • Left sided colitis: the sigmoid & descending colon • Pancolitis or proximal to the splenic flexure: entire colon is affected 	All parts of the gastrointestinal tract can be involved, from mouth to anus.

Clinical manifestations

	Ulcerative colitis	Crohn’s disease
<ul style="list-style-type: none"> • Gender • Abdominal pain • Stricture, obstruction • Depth of inflammatory process • Rectal bleeding • Perianal, perirectal disease • Fistula formation • Small bowel involvement 	<ul style="list-style-type: none"> • More frequent in males • Uncommon • With malignancy • Mucosa, submucosa • Common • Uncommon • None • None 	<ul style="list-style-type: none"> • More frequent in females • Common • Common • Transmural • Occasionally • Common • Common • Often
<ul style="list-style-type: none"> • Complications 	<ul style="list-style-type: none"> • Toxic megacolon 	

Diagnostic tools

- Laboratory testing: CBC, ESR, CRP, ANCA, ASCA
- Stool studies: C. diff, fecal calprotectin and lactoferrin
- Endoscopy and biopsies



Treatment: depends on severity and extent of the inflammatory process

Ulcerative colitis	Crohn’s disease
Surgical therapy can be curative. <ul style="list-style-type: none"> • proctocolectomy with ileostomy: no risk for cancer • proctocolectomy with an ileoanal anastomosis & anal pouch (continental ileostomy): risk of pouch inflammation ("pouchitis") • colectomy with ileorectal anastomosis (rarely performed): a rectal stump is left, the cancer risk remains 	Surgical therapy is palliative only and is reserved for those with cancer or dysplasia, bowel obstruction, fistulous disease refractory to medication
Medication is aimed for symptom relief, maintenance of remission and quality of life. <ul style="list-style-type: none"> • 5-aminosalicylate-based compounds • Corticosteroids • immunomodulating drugs. 	

Underwriting considerations



- Age of onset
- Date of last flare up
- Extent and severity of disease
- Treatment
- Surgical history
- Extraintestinal manifestations (arthritis, anemia, pulmonary complications, ocular manifestations, liver and bile duct abnormalities)

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