

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

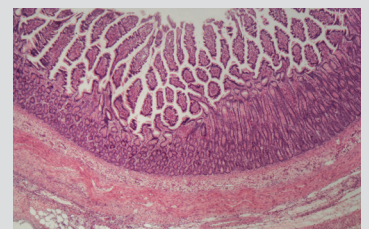
Ulcerative colitis	Crohn’s disease (granulomatous enteritis, regional enteritis, ileitis, or terminal ileitis)
<p>The inflammation process has a continuous pattern. The disease evolution is established within the first few years of onset.</p> <p>Only the colon & the rectum are typically involved.</p> <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 	<p>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).</p> <p>All parts of the gastrointestinal tract can be involved, from mouth to anus.</p>

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
<p>Surgical therapy can be curative.</p> <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 	<p>Surgical therapy is palliative only and is reserved for those with cancer or dysplasia, bowel obstruction, fistulous disease refractory to medication</p>
<p>Medication is aimed for symptom relief, maintenance of remission and quality of life.</p> <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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