

Challenges

in the Diagnosis and Management of

Ulcerative Colitis

SUPERVISED BY

Dr. AHMAD ABBAS

General Manager of Damascus Hospital

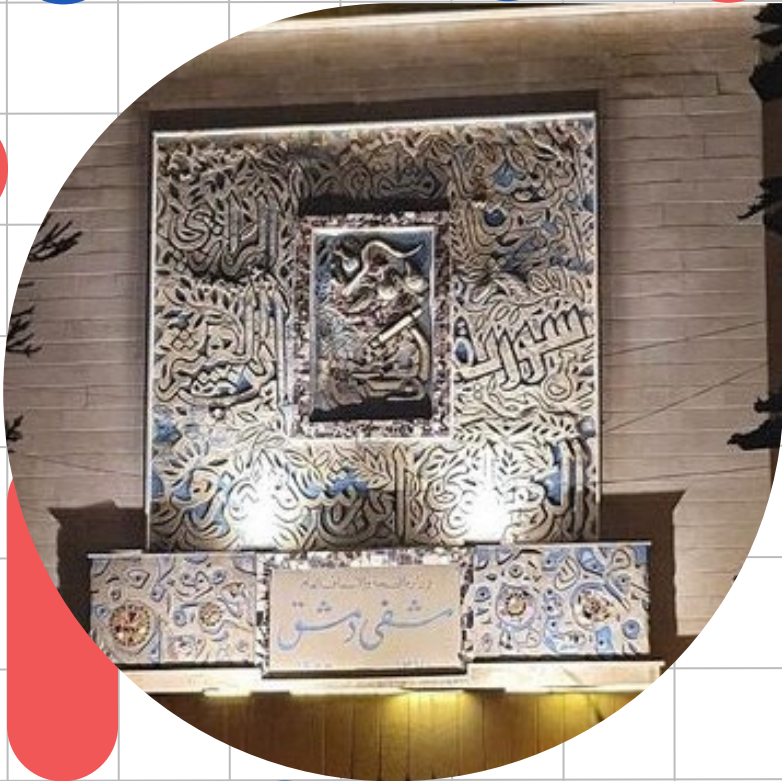
Prepared By

DR. HANAN FAKHER

Gastroenterology Resident

Focus on Syrian Arab Republic

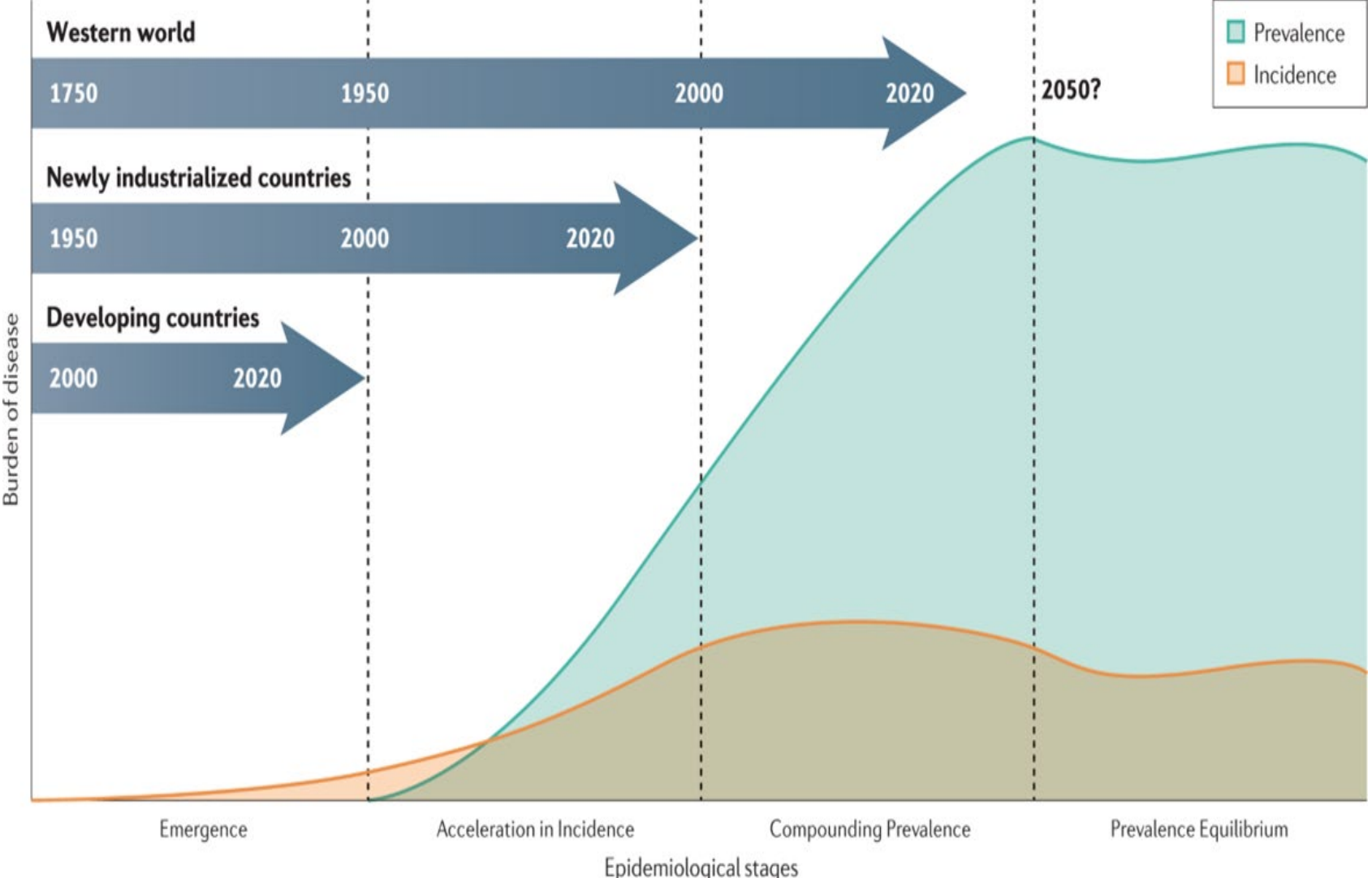
**Based on statistical data
from Damascus
Hospital**



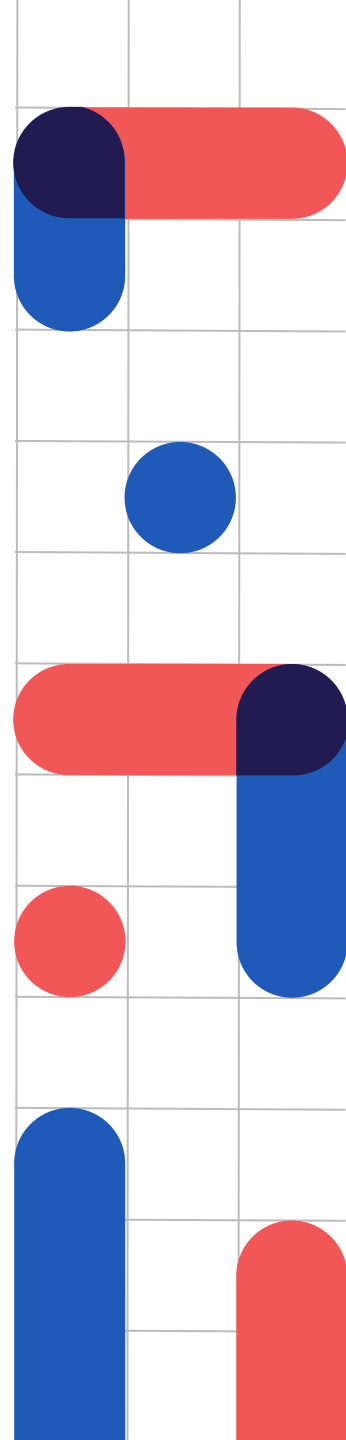
Why Do We Care?

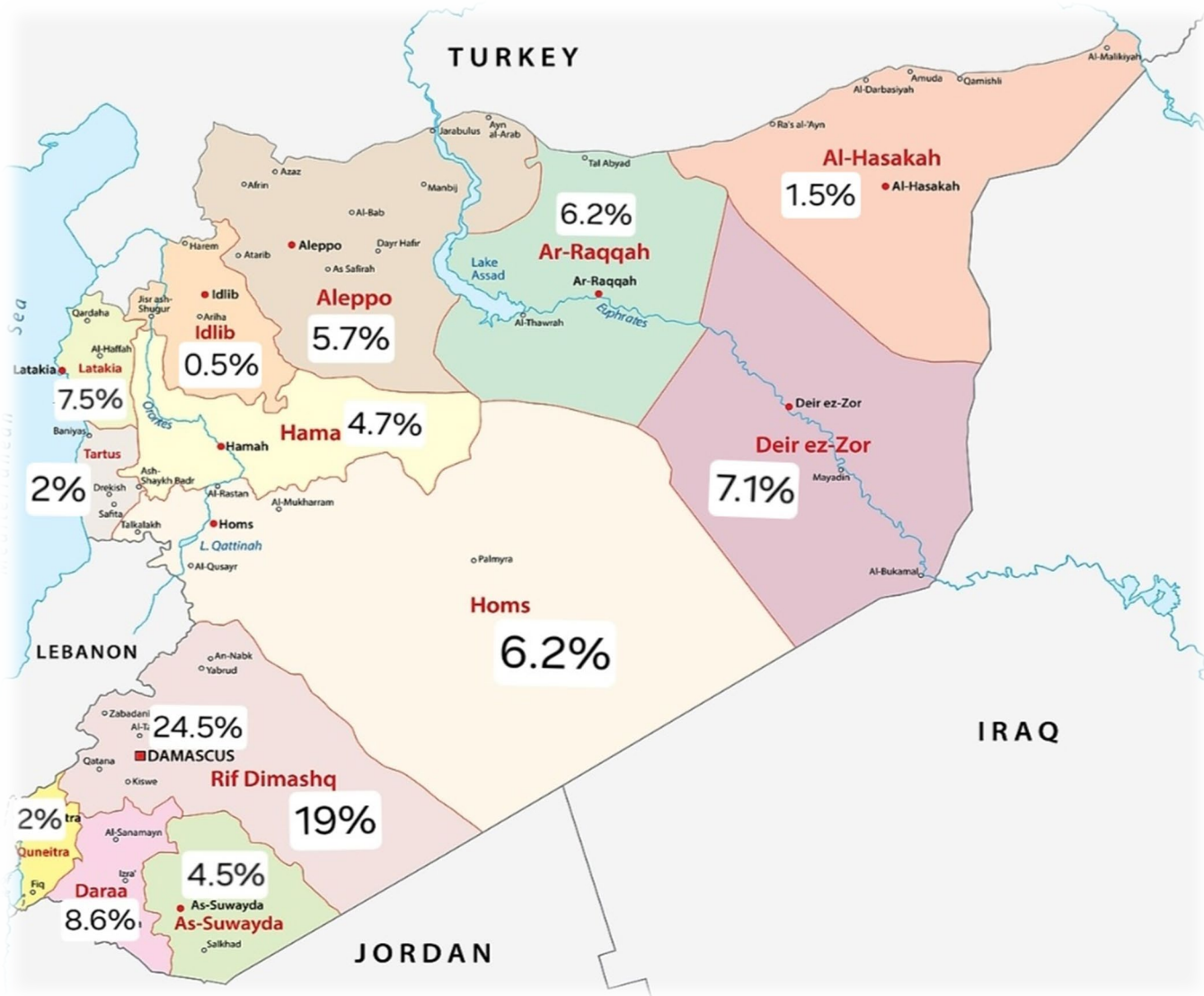


Global Changing and Incidence and Prevalence of IBD and UC

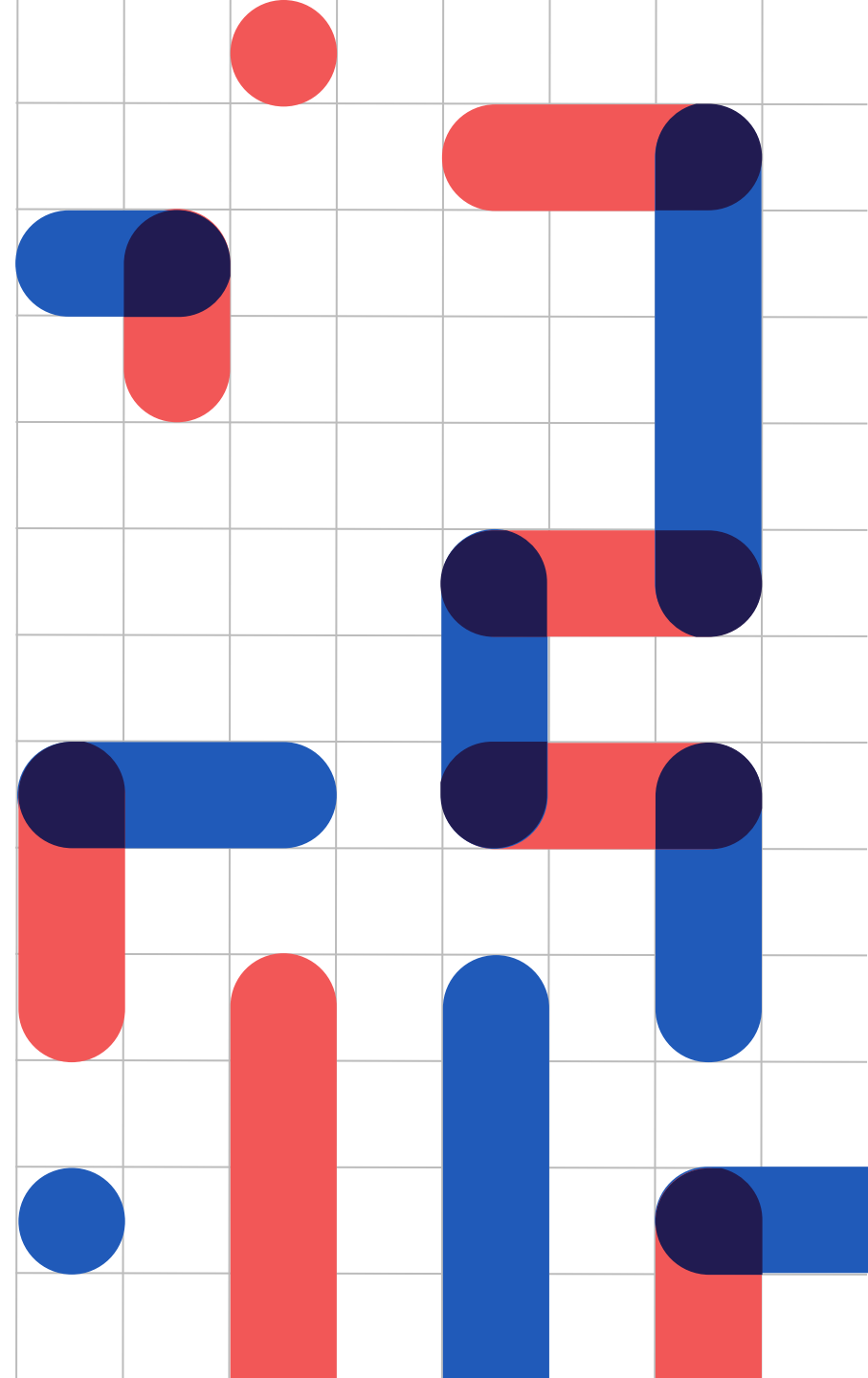


Burden of IBD is Accelerating Around the World





Data not population based , which may explain differences.



STUDY COMPONENTS

Descriptive Study

UC patients at IBD clinic :

1. Charts.
2. Direct contacts with patients.



STATISTICAL FACTS

💡
100%

Total: 209
Patients.

💡
69%

Cessation count
146 patients.

💡
41.1%

86 patients delayed
in diagnosis

💡
11.4%

Unable to contact
with 24 patients.

💡
0.9%

Colectomy 2
patients.

💡
0.9%

Mortality rate 2
patients.

Average Time for Diagnosis UC Patients



Time from symptom onset to UC diagnosis: 6-8 mo.

Average time for patient to seek specialist's advice after symptoms onset: 4-6 mo.

29% of patients took 18-24 mo. from symptoms onset to diagnosis.

Diagnosis

ULCERATIVE COLITIS

Diagnosis of Ulcerative Colitis



Blood Tests



Stool Sample Analysis



Imaging Studies

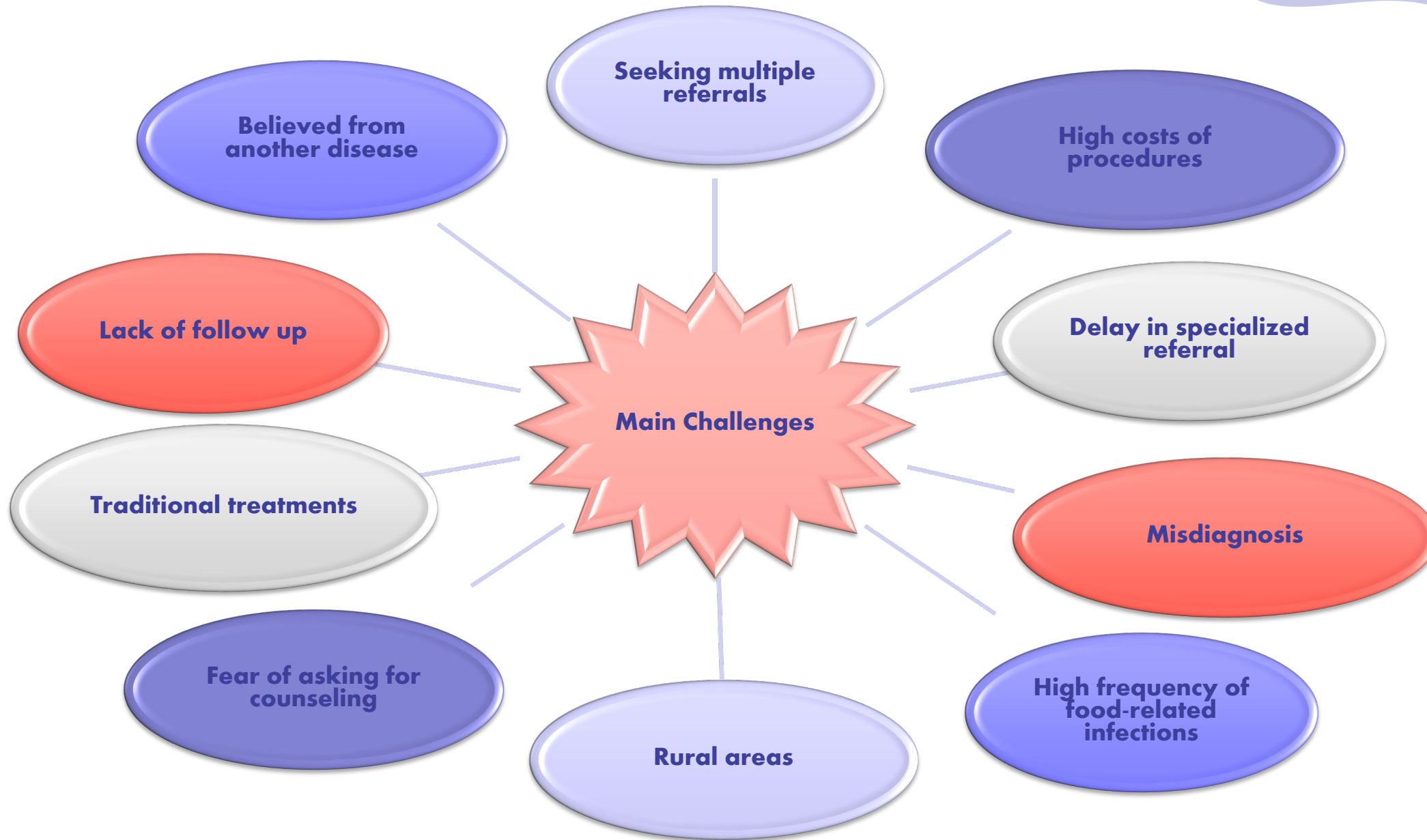


Colonoscopy or sigmoidoscopy



Biopsy

Specific Challenges in Diagnosis UC Patients in Syria

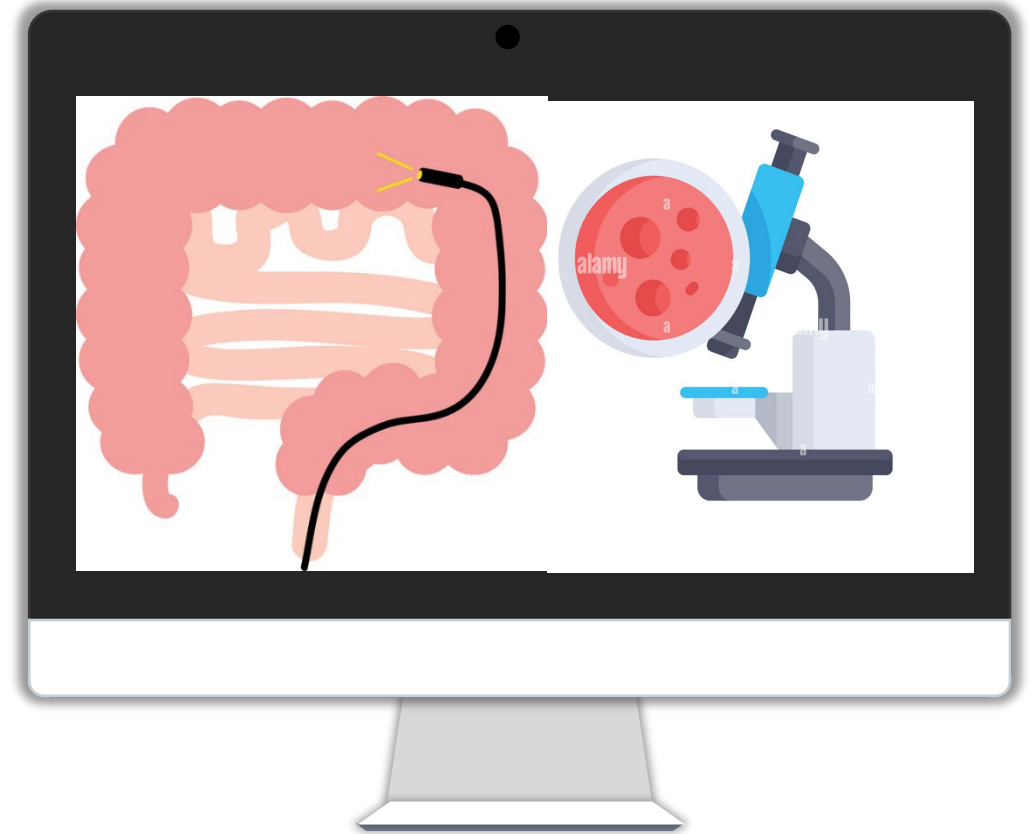


Seeking
multiple
referrals
21.3%



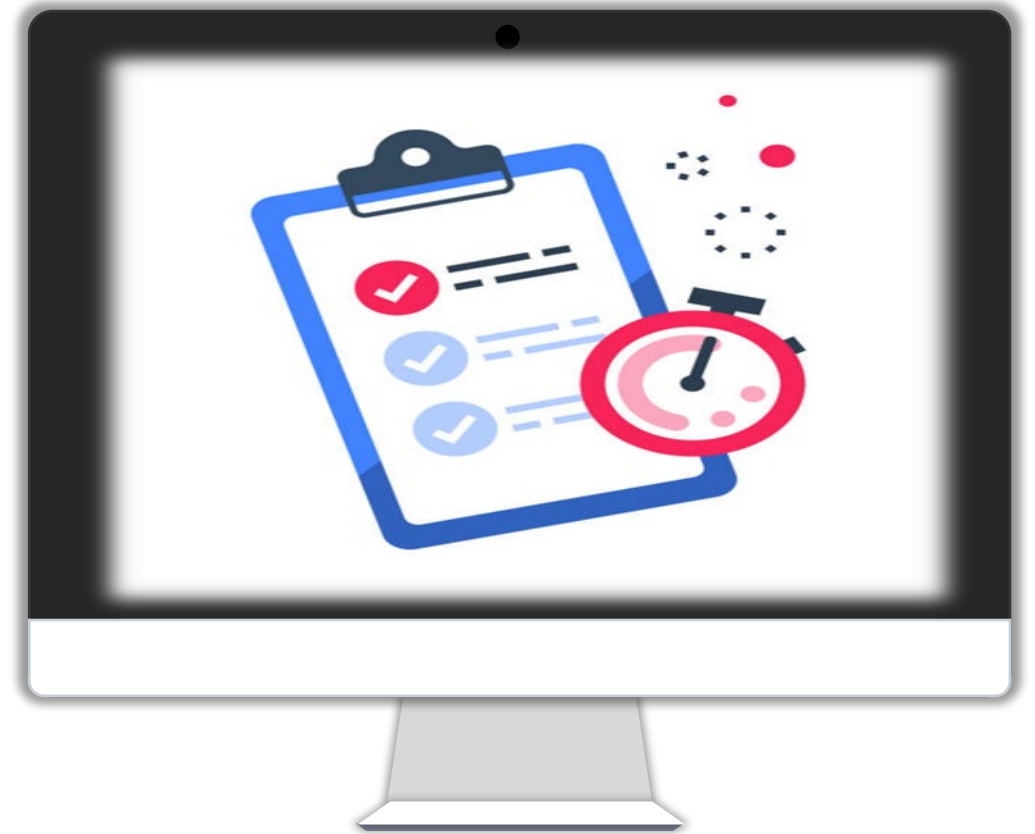
18 patients followed up with multiple physicians
which caused of late diagnosis.

High costs
of
procedures
15.1%



14 patients followed up with multiple
physicians which caused of late diagnosis

Delayed in
specialized
referral
15.1%



13 patients failed to seek early referral to specialist ,
because they misperceived their symptoms.

Misdiagnosis
15%



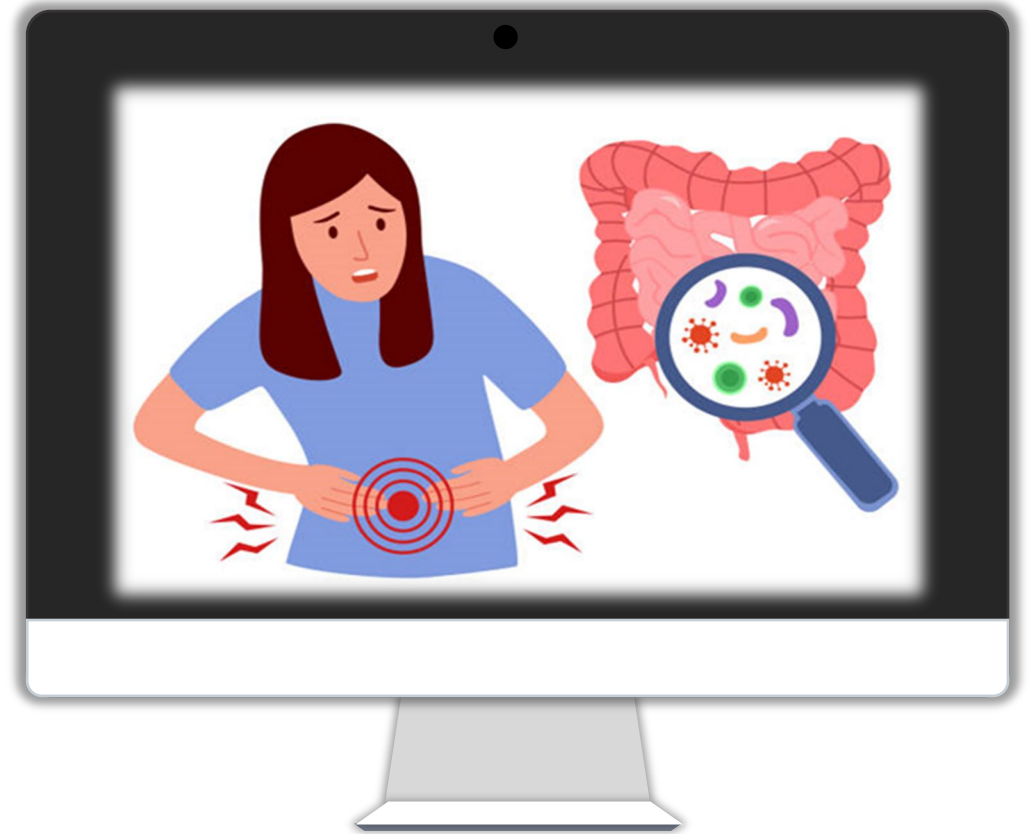
13 patients had wrong diagnosis lead to wrong treatment.

**Fear of asking
for counseling
11.6%**



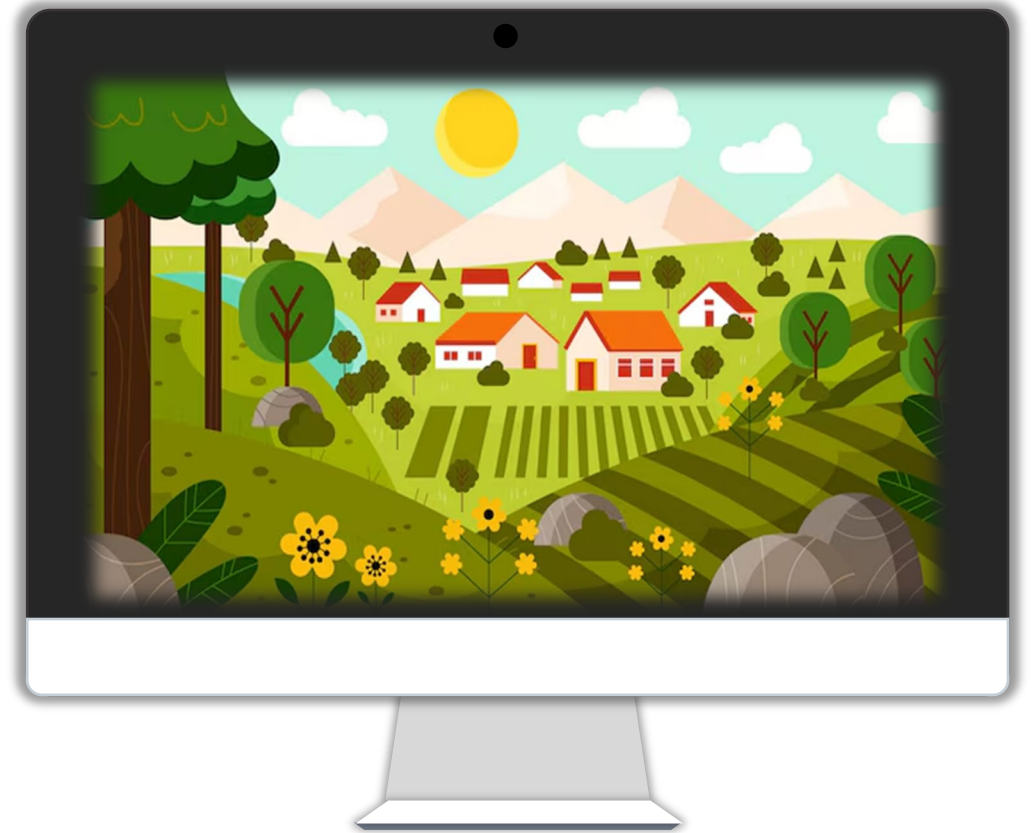
10 patients (most of them are women) in a range
of men : women **(1:9)**

High frequency
of food-related
infections
6.9%



6 patients missed perceive as food poisoning.

Rural areas
5.8%



5 patients delayed to achieve the right diagnosis due to lack of medical care in these areas.

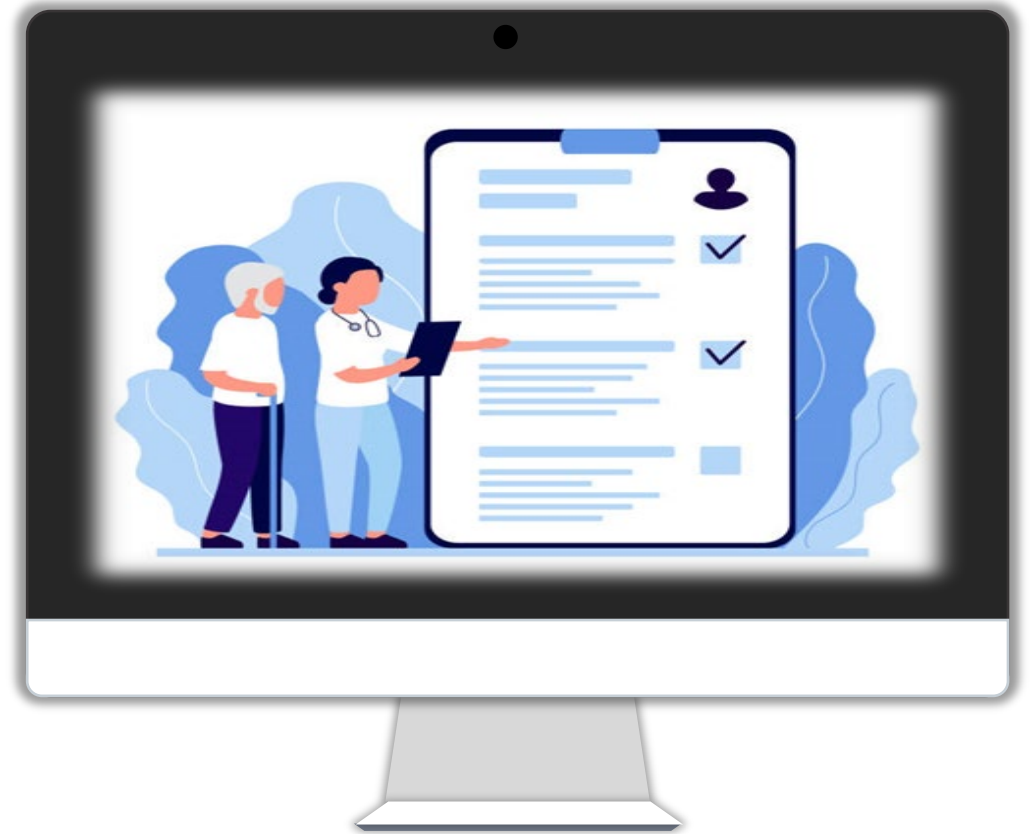
**Tendency to
ask for
traditional
(non-medical)
therapies**

5.8%



Traditional therapies like herbs and delayed 5 patients to achieve the right diagnosis.

Lack of follow
up
2.3%



2 patients were careless about their symptoms
which caused long term delay (18-24 mo.)

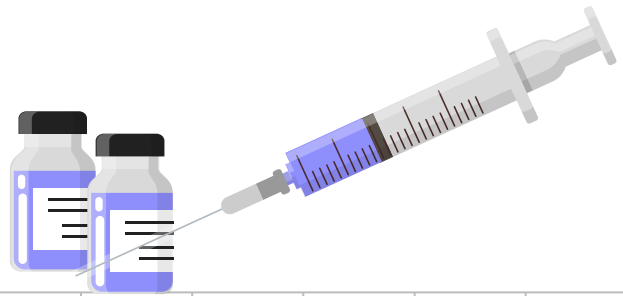
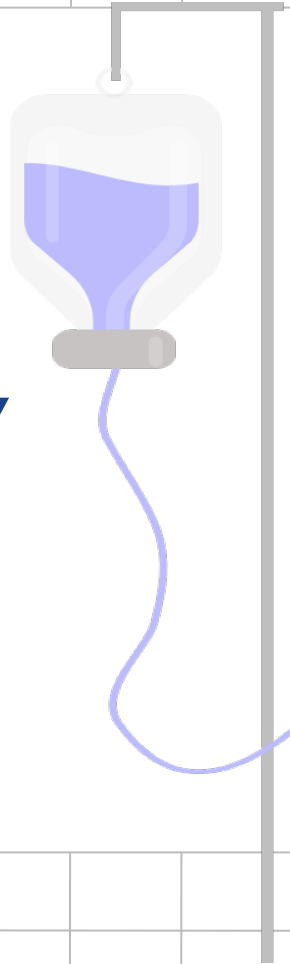
10

Thought to be
from different
disease
2.3%



1 case reported that they believed that symptoms from their breast cancer and chemotherapy, the other **1** thought to be from their DM.

Difficulties in Receiving Therapy



Available Medications in the IBD Clinic at Damascus Hospital

5-ASA

MESALAMINE

INFLIXIMAB

ADALIMUMAB

**Biological
Therapy**

GOLIMUMAB

Immuno
modulatory
Drug

AZATHIOPRINE

USTEKINUMAB




**Unavailability
of medication**


**Not following
up**


**Immigration
and travelling**


**Unavailability
of endoscopy**


**Transportation
difficulty**


**Non
responsive to
medication**


**Follow up with
another
physician**


**Transfer to
another
hospital**


**Development
of
complications**




**Rejection of
biological
therapy**

01

Unavailability
of
medication
45.8%



67 patients had periods of interruptions ,due to lacking of medications.

02

No follow
up after
diagnosis
14.3%



21 patients didn't follow up with the out-patient clinic.

03

Immigration
and
travelling
8.2%



12 patients went abroad.

04

Unavailability
of
colonoscopy
6.1%



Due to periods of colonoscopy malfunction, **9** patients withdrawal from treatment.

05

Development
of
complications
6.1%



Patients had TB reactivation.
Patients had recurrent UTIs.
Patients developed BM suppression (Azathioprine).

06

Transportation
difficulties
4.1%



6 patients complained of transportation difficulties from their areas to the hospital.

07

Non
responsive
to
medication
4.1%



6 patients did not respond to biological medications,
2 of them needed colectomy.

08

Follow up
with another
clinic
3.4%



5 patients stopped their treatment with the clinic
and continue with other clinic.

09

Transfer to
another
hospital
2%



3 patients relocated their settlement and been transferred to another center.

10

Rejection of
biological
therapy
1.3%



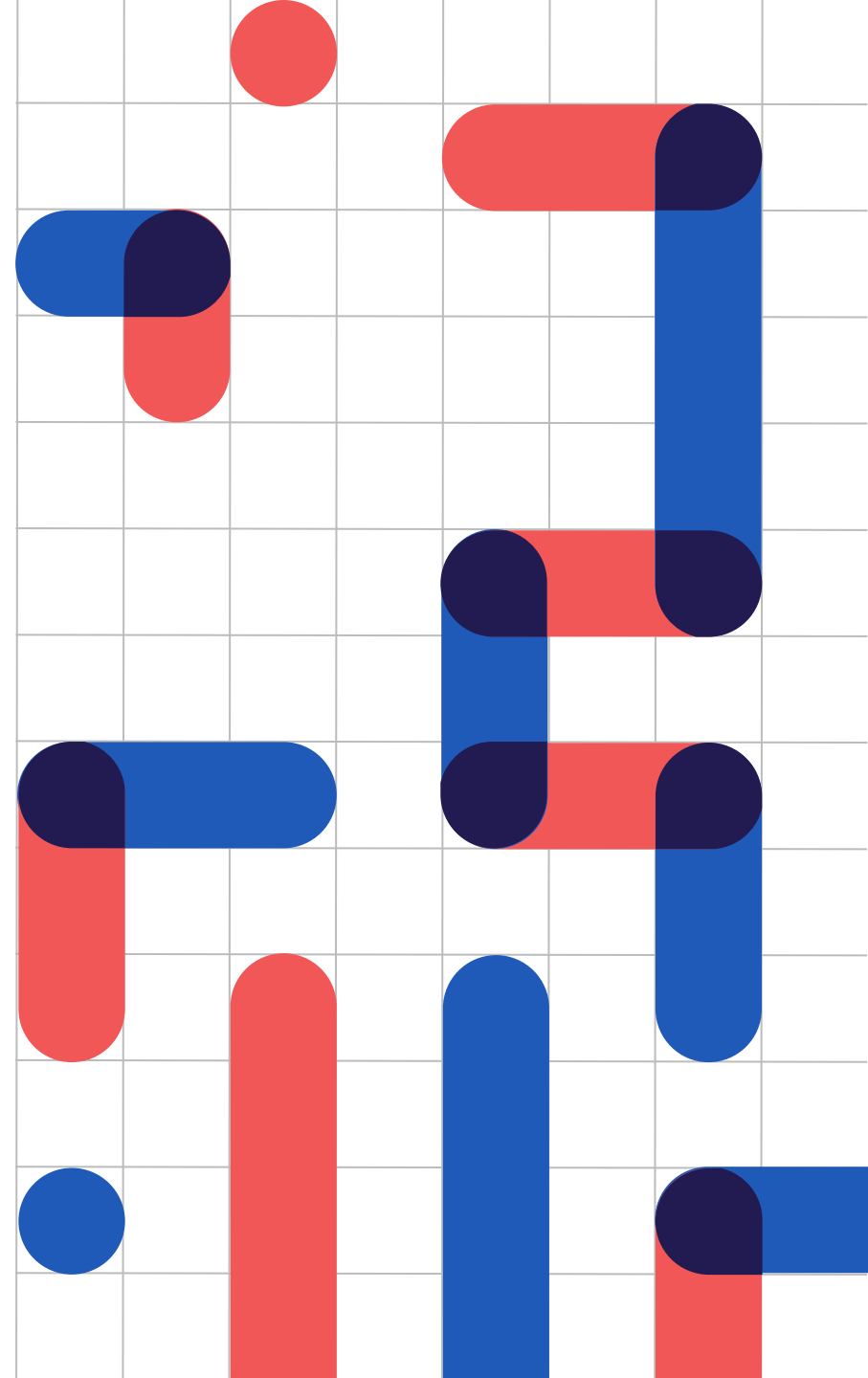
2 patients refused receiving treatment.

What to do?!

Primary care education

Patients questionnaire

Posters via social media



8-item questionnaire

Type	Criteria	Yes (1)	No (0)
Major	Does the patient suffer from abdominal pain at least 3 times a week for at least 4 weeks?		
	Does the patient suffer from diarrhea (more than 3 bowel movements daily) for 7 consecutive days?		
	Does the patient have diarrhea at night-time/Does the patient awake from sleep because of abdominal pain or diarrhea?		
	Does the patient report bloody stool?		

Type	Criteria	Yes (1)	No (0)
Minor	Does the patient report mucus in stool for more than 4 weeks?		
	Does the patient report unwanted weight loss (5% of normal body weight over 6 months)?		
	Does the patient present with fever or report fever over the last 4 weeks (Temperature > 38°C)?		
	Does the patient report fatigue over the last 4 weeks?		

Ulcerative Colitis

Signs and Symptoms



Bloody diarrhea or loose stool with pus.



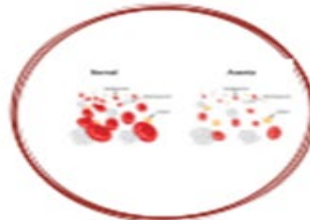
Abdominal cramps



Severe pain in the rectum



Constant urge to pass stool



Anemia



Fatigue



Loss of weight



Fever



Pain during the passage of stools is a characteristic symptom of this disease.





Thanks For Your
ATTENTION