

## SUMMARY AND CONCLUSION

Crohn's disease and ulcerative colitis are grouped together as two types of nonspecific inflammatory bowel diseases. Crohn's disease is defined as chronic progressive granulomatous inflammatory disease of the gastro-intestinal tract while ulcerative colitis is defined as a diffuse inflammatory disease confined to mucosa of the colon and rectum. (Way, 1988).

The causes of inflammatory bowel disease are not known. Genetic, microbial, environmental and immunological factors are involved but the precise mechanisms are obscure. (Kirsner, 1991).

Crohn's disease is characterized by remissions and exacerbations and tends to be slowly progressive with the development of complications that may require an operation. Crohn's disease can involve both small and large intestines with its characteristic segmental involvement. On the other hand, ulcerative colitis is a

dynamic disease characterized by remissions and exacerbations. It may lead to proctitis, proctosigmoiditis, left sided colitis or pancolitis. (Schwartz, 1988).

In cases of Crohn's disease , routine investigations as stool analysis must be done to rule out other diseases as amoebic colitis. Plain x-ray can be done to detect complications of disease as intestinal obstruction or perforation. Barium examination may demonstrate string sign, longitudinal ulceration and deep fissures. Colonoscopy also reveals these changes. In ulcerative colitis, stool analysis is also needed, plain x-ray on the abdomen must be done to detect perforation or toxic megacolon. Barium examination is helpful in detection of the pathological changes as pseudopolyps and loss of haustral markings. Also, colonoscopy is of great value in the diagnosis of ulcerative colitis. (Sabiston, 1981).

Treatment of Crohn's disease includes non-

operative in the form of rest and drug and operative procedures for complications. Indications of operation for Crohn's disease include intestinal obstruction, internal fistula, abscess and perianal disease. Also, treatment of ulcerative colitis is in the form of medical and surgical treatment. In medical treatment; cortisone, sulfathalazine, metronidazole and immuno suppressive drugs can be used (Way, 1988). The indications of surgical treatment for ulcerative colitis are intestinal perforation and colonic dilatation, massive colorectal bleeding, chronic illness which responds poorly to medical treatment, benign colorectal strictures produced by ulcerative colitis and extra-intestinal manifestations of the disease. The operations used for surgical treatment of ulcerative colitis are complete proctocolectomy with ileostomy, colectomy with the formation of a kock continent ileostomy, colectomy with ileo-rectal

anastomosis or restorative proctocolectomy (O'Kelly and  
Mortensen, 1992).