

Introduction

Inflammatory bowel disease (IBD) is an idiopathic disease, probably involving an immune reaction of the body to its own intestinal tract. (*Rowe, 2007*).

It includes ulcerative colitis (UC) and Crohn`s disease (CD), which are chronic inflammatory diseases of the gastrointestinal tract. (*Shapiro, 2006*).

Ulcerative colitis is a chronic, recurrent disease characterized by diffuse mucosal inflammation involving only the colon. Ulcerative colitis invariably involves the rectum and may extend proximally in a continuous fashion to involve part or all of the colon. Crohn`s disease is a chronic, recurrent disease characterized by patchy transmural inflammation involving any segment of the gastrointestinal tract from the mouth to the anus. (*McQuaid, 2005*).

A sharp rise in the incidence of inflammatory bowel disease (IBD) has been observed in the western world since the early 1950s, making IBD the most common chronic inflammatory condition in those population after rheumatoid arthritis. (*Mesquita, 2007*).

Advances in the understanding of immunological basis and the pathogenesis of inflammatory bowel disease have encouraged the development of many new diagnostic methods and novel strategies for the treatment of inflammatory bowel disease. (*Noble et al., 2007*).

The inflammatory bowel diseases (IBD), Crohn`s disease and ulcerative colitis, are immune-mediated disorders resulting in chronic, relapsing inflammation of the gastrointestinal tract. While no specific etiology has

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been defined, the complex nature of IBD supports the notion that its origin is likely multi-factorial. Current theory suggests that in genetically predisposed individuals, environmental factors and maladaptive immune responses to gastrointestinal flora generate a dysregulated inflammatory cascade creating mucosal injury. (*Nancy,2008*).