

Diagnosing Inflammatory Bowel Disease Guide (C&M)

Who is affected?	Key GI symptoms	Other common symptoms
<ul style="list-style-type: none"> Teens and 20's for Crohn's & UC though other ages affected Microscopic colitis mainly women 50+ FH esp Crohn's 	<ul style="list-style-type: none"> Diarrhoea Abdominal pain Rectal bleeding Aphthous (mouth) ulcers Bloating Constipation 	<ul style="list-style-type: none"> Delayed growth (children) Weight loss Lethargy Fevers Night sweats

Primary Care Assessment	Consider cancer 18yrs & + (C&M) esp older patients re the following:	Urgent Suspected Cancer referral required (C&M)
<ul style="list-style-type: none"> FBC Ferritin/Iron studies B12 & folate ESR/CRP Coeliac screen Faecal calprotectin Faecal microscopy & culture <p>High suspicion of IBD if infection excluded (stool culture & CDT) and:</p> <ul style="list-style-type: none"> age 16-50y h/o bloody diarrhoea Faecal calprotectin >250 (usually raised in IBD but not IBS) If not raised but suspicion persists seek advice 	<ul style="list-style-type: none"> Abdominal pain Weight loss Changes in bowel habit Iron Deficiency anaemia (IDA) Anaemia without iron deficiency (especially in those 60yrs and above) Rectal bleeding alone Rectal bleeding PLUS abdominal pain or CBH or weight loss Anal/rectal mass Anal ulceration Abdominal mass 	<ul style="list-style-type: none"> Anal/rectal mass and/or anal ulceration Unexplained IDA and/or abdominal mass with FIT request FIT ≥ 10µg If FIT <10 µg with <ul style="list-style-type: none"> -unexplained IDA and/or -persistent/recurrent anorectal bleeding (regardless of FIT result) -or ongoing serious clinical concern

Differentials	Extra-intestinal manifestations
<ul style="list-style-type: none"> Irritable bowel syndrome (IBS) – though may co-exist Colorectal cancer Coeliac disease Endometriosis Ovarian cancer 	<ul style="list-style-type: none"> Affects almost 50% of cases of IBD May precede bowel symptoms and include: <ul style="list-style-type: none"> Inflammatory arthritis Erythema nodosum Pyoderma gangrenosum Primary sclerosing cholangitis Eye: uveitis/iritis/episcleritis

Gastroenterology	Diagnoses definitions
<ul style="list-style-type: none"> Assessment should take place within 4 weeks of referral for suspected IBD Diagnosis based on a combination of haematological, endoscopic, histological and imaging- based investigations 	<ul style="list-style-type: none"> Crohn's: mouth to anus transmural inflammation Crohn's colitis – large bowel only UC: caecum to anus, mucosa only Proctitis = UC affecting rectum only Microscopic colitis = colonic inflammation without ulcers or bleeding