



Ulcerative Colitis (UC)

Ulcerative colitis (UC) is a **chronic disease that causes inflammation in the large intestine (colon)**. It usually starts in the rectum and can spread to other parts of the colon. UC can affect people of all ages, although it most often begins between the ages of 15 and 30.

Symptoms:

Common symptoms include:

- Bloody diarrhea
- Urgent need to have a bowel movement
- Abdominal pain or cramping, often on the left side
- Tenesmus (feeling like you need to go, even if you just did)
- Mucus in the stool
- Weight loss, tiredness, and sometimes fever

Some people may also have symptoms outside the gut, including joint pain, skin rashes, or eye problems.

Diagnosis:

UC is diagnosed by:

- A thorough physical examination and medical history
- Blood tests (to check for anemia and inflammation)
- Stool tests (to rule out infections)
- Colonoscopy (a camera test to look at your colon) with biopsies (tiny tissue samples)

Doctors look for **continuous inflammation starting in the rectum**. Other diseases, like Crohn's disease or infections, need to be ruled out.

Treatment:

Treatment depends on how severe your symptoms are:

- **Mild to moderate UC:** Medicines called 5-aminosalicylic acids (5-ASA) are often used first. These help reduce inflammation.
- **Moderate to severe UC:** May need stronger medicines like corticosteroids, immunosuppressants (thiopurines), or biologic drugs (targeting the immune system). Newer medicines, like Janus kinase inhibitors, may also be used.
- **Severe or unresponsive UC:** Rarely, surgery to remove the colon is needed.

Doctors aim to control symptoms, heal the colon, and prevent flare-ups. Regular check-ups and colonoscopies are important, especially because UC increases the risk of colon cancer over time.

Prognosis:

UC is a **lifelong condition** with periods of flare-ups and remission (no symptoms). Most people can manage their symptoms with medicine and live normal lives. Some may need surgery if medicines don't work. The risk of death from UC is low, but it can cause significant discomfort and affect daily life.

Genetics:

UC is not directly inherited, but having a family member with UC increases your risk. The exact cause is unknown, but it likely involves a mix of genetics, immune system changes, and environmental factors. Recent infections (like Salmonella or Campylobacter) and living in certain areas may also raise your risk.

Colon Cancer Surveillance and Colonoscopy Intervals:

People with UC have a **higher risk of developing colon cancer**, especially if the disease affects more than just the rectum or has been present many years.

- When to start colonoscopy surveillance:

- If UC affects more than the rectum, colonoscopy should start **8 years after symptoms begin**.

- If you have primary sclerosing cholangitis (PSC), a liver condition, colonoscopy should start **at the time PSC is diagnosed**, regardless of how long you've had UC.

- How often to have colonoscopy:

- **Low risk:** If your colon shows no active inflammation and you have no other risk factors, colonoscopy is usually repeated every **2 to 5 years**.

- **Intermediate risk:** If you have mild-to-moderate inflammation or a family history of colon cancer diagnosed after age 50, colonoscopy is usually repeated every **2 to 3 years**.

- **High risk:** If you have severe inflammation, PSC, a family history of colon cancer diagnosed before age 50, a history of colon stricture, or previous dysplasia (pre-cancerous changes), colonoscopy is recommended **every year**.

- **If only the rectum is affected (proctitis):** You are at little or no increased risk for colon cancer and should follow standard screening guidelines for the general population.

- **How colonoscopy is performed:**

- Colonoscopy should be done when the disease is quiet (not flaring).

- Doctors use high-definition scopes.

- Biopsies are taken from any abnormal-looking areas and sometimes randomly throughout the colon to check for hidden changes.

- **If abnormal cells (dysplasia) are found:**

- If the abnormal area can be removed endoscopically, follow-up colonoscopy is usually done in 1 to 3 years, depending on risk factors.

- If the abnormal area cannot be removed, or if there are multiple abnormal areas, surgery may be recommended.

Regular colonoscopy surveillance helps find cancer or pre-cancerous changes early, when they are easier to treat. The risk of colon cancer in UC has decreased over time, thanks to better treatments and regular surveillance.

If you have UC, regular follow-up with your healthcare team is important to keep you healthy and prevent complications. If you have questions or new symptoms, contact your healthcare provider right away.

References

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