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Macedonian Association of Internal Medicine

FIRST MACEDONIAN CONGRESS IN INTERNAL MEDICINE

"A Mutual Multidisciplinary Approach Towards the Guidelines Challenges"

ABSTRACT BOOK

19-22 May 2022
Hotel Metropol - Ohrid, RNM

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CONTENT

- IBS-D - IBS with diarrhea - liquid stools more than 25% of the time, and hard stools less than 25% of the time, more common in men, in 1/3 of cases;
- IBS -C - IBS with constipation - hard stool more than 25% of the time, liquid stool less than 25% of the time, more common in women, in 1/3 of cases;
- IBS - M- IBS with mixed bowel habit, alternating both liquid and hard stools more than 25% of the time, in 1/3 to 1/2 of cases;
- Unclassified form of IBS - insufficient stool abnormalities not listed in the previous criteria

CROHN'S DISEASE AND ULCERATIVE COLITIS - DIFERENTIAL DIAGNOSIS AND TREATMENT

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INTRODUCTION: Crohn's disease (CD) and ulcerative colitis (UC) are the two main forms of chronic inflammatory bowel diseases (IBD) on the rise in the few past decades, particularly CD. May present at any age, but peak incidence is in adolescents and young adults. These disorders have distinct pathologic and clinical characteristics, but they have almost same burden and goals for treatment.

OBJECTIVES: To analyze the differential diagnostic features and assessment of both diseases and up to date treatment modalities worldwide with special attention on current therapeutic opportunities in Macedonia.

METHODS: This is as a general, practice-oriented overview concerning differential diagnosis and management of CD versus UC, mainly based on expert groups and international society's guidelines (IOIBD, ECCO, AGA, and ACG), meta-analysis and our personal experience.

RESULTS: We analyze not only similarities between CD and UC, including effects on quality of life, long-term complications, strictures, increased risk of cancer, pseudo polyposis, functional abnormalities, and anorectal dysfunction, but also differences linked to a distribution (entire GI tract vs colon only and skip lesions vs continuous involvement from rectum); pathology (full thickness and granuloma in CD vs mucosa only and no granulomas in UC) and presentation (occasional bleeding, common obstruction, fistulae formation, weight loss and perianal disease in CD vs very common bleeding, uncommon obstruction and weight loss, none fistulae formation and rare perianal disease in UC). Regardless of severity of the disease and the period when it is used (early vs late stages) and whether it is a part from bottom up or top down approach, IBD therapy consists of the use of aminosalicylates, antibiotics, steroids, immunosuppressives and biologics. Currently, 35 patients are being treated with biologic therapy at our institution. Five are treated with JAK

inhibitor and the rest of them with anti TNF agents (biologics and biosimilars).

CONCLUSION: A cure is still not possible, neither for CD nor for UC, yet the opportunities for diagnosis and management have improved significantly. Early diagnosis is a cornerstone, so that patients can be referred for further evaluation and appropriate treatment in timely manner. Earlier initiation of disease-modifying drugs might reduce progression and their burden. The number of treatment options in IBD patients is increasing constantly. Biologic therapy is available in Macedonia. New therapeutic opportunities redefine the therapeutic goals, with treat to target been the most relevant strategy. We work with our patients to improve treatment opportunities, taking patient preference and personal goals into consideration, whenever possible.

Key words: Crohn's disease, Ulcerative colitis, Differential diagnosis, Treatment