

VOLUME 41, NUMBER 2
February 2024

ISSN 0189 - 160X

WAJMJ

WEST AFRICAN JOURNAL OF MEDICINE

ORIGINALITY AND EXCELLENCE IN MEDICINE AND SURGERY



OFFICIAL PUBLICATION OF
THE WEST AFRICAN COLLEGE OF PHYSICIANS *AND*
WEST AFRICAN COLLEGE OF SURGEONS



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Inflammatory Bowel Disease in Adults – Experience and Challenges in Gastroenterology Practices in Calabar, South-South Nigeria

Maladie Inflammatoire de l'Intestin chez l'Adulte: Expérience et Défis dans un Cabinet de Gastro-entérologie de Calabar Sud-Sud au Nigeria.

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ABSTRACT

BACKGROUND: Inflammatory bowel disease (IBD) is a chronic inflammatory disorder of the gastrointestinal tract that is reported to be rare in Africans. The objective of this study is to share the experience of our Gastroenterology practice in Calabar, Cross River State on IBD.

METHODS: This is a ten-year review of the records of patients visiting the Gastroenterology clinic of the University of Calabar Teaching Hospital and two private gastroenterology clinics in Calabar Municipality. The diagnosis of IBD was made based on clinical, laboratory, endoscopic, and histological data obtained.

RESULTS: Eight patients presented with features consistent with IBD. Six had ulcerative colitis while 2 had Crohn's disease. Seven patients had moderate disease with the main clinical features being recurrent mucoid bloody diarrhoea. All the patients had treatments with either sulphasalazine or mesalazine as well as azathioprine, steroids and antibiotics with variable response. One patient had strictures requiring a colostomy, while another developed colorectal cancer as complications of IBD.

CONCLUSION: Although IBD is uncommon in Nigeria, a high index of suspicion is important, especially in patients presenting with the recurrent passage of mucoid bloody stools. Hence, the role of colonoscopy and histology are invaluable in establishing the diagnosis. **WAJM 2024; 41 (2): 109 - 117.**

KEYWORDS: Adults, Crohn's disease, Inflammatory bowel disease, Ulcerative colitis

RÉSUMÉ

FONDEMENT: La maladie inflammatoire de l'intestin (MII) est un trouble inflammatoire chronique du tractus gastro-intestinal qui est rapporté comme étant rare chez les Africains. L'objectif de cette étude est de partager l'expérience de notre pratique en gastro-entérologie à Calabar, dans l'État de Cross River, sur la MII.

MÉTHODES: Il s'agit d'une revue de dix ans des dossiers des patients fréquentant la clinique de gastro-entérologie de l'Hôpital universitaire de Calabar et de deux cliniques privées de gastro-entérologie dans la municipalité de Calabar. Le diagnostic de MII a été posé sur la base de données cliniques, biologiques, endoscopiques et histologiques obtenues.

RÉSULTATS: Huit patients présentaient des caractéristiques compatibles avec la MII. Six présentaient une colite ulcéreuse tandis que 2 présentaient une maladie de Crohn. Sept patients avaient une maladie modérée avec comme principale caractéristique clinique des diarrhées muqueuses sanglantes récurrentes. Tous les patients ont été traités soit avec de la sulfasalazine soit avec de la mésalazine ainsi que de l'azathioprine, des stéroïdes et des antibiotiques avec une réponse variable. Un patient avait des sténoses nécessitant une colostomie, tandis qu'un autre développait un cancer colorectal comme complications de la MII.

CONCLUSION: Bien que la MII soit rare au Nigeria, un indice de suspicion élevé est important, surtout chez les patients présentant un passage récurrent de selles muqueuses sanglantes. Ainsi, le rôle de la coloscopie et de l'histologie est inestimable pour établir le diagnostic. **WAJM 2024; 41 (2): 109 - 117.**

WAJM 2024; 41 (2): 109 - 117.

MOTS-CLÉS: Adultes, Maladie de Crohn, Maladie inflammatoire de l'intestin, Colite ulcéreuse

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Abbreviations: CD: Crohn's disease; CRS: Cross River State; IBD: Inflammatory bowel disease; UC: Ulcerative colitis; UCTH: University of Calabar Teaching Hospital.