Inflammatory Bowel Disease or Bowel Endometriosis? Two Cases of Large Bowel Obstruction

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CASE: Endometriosis, endometrial glands and stroma outside of the uterus, may occur in “extra-genital” locations and can present with inflammatory symptoms and/or bowel obstruction similar to inflammatory bowel disease (IBD). We report 2 cases of reproductive-aged women with inflammatory and/or obstructive symptoms secondary to presumed IBD who were found to have endometriosis. The first patient presented with weight loss, general malaise, and rectal pain. The most frequent symptoms observed were weight loss and anemia. Anemia was associated with occurrence of bloody diarrhea, indicating loss, not consumption, in most cases. Twenty-four percent of patients with CD presented either with obstructing or penetrating disease, highlighting severity in the pediatric population. About 20% of the cases of colorectal cancer presented with upper GI tract disease, highlighting the importance of thorough investigation and small bowel assessment.

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Therapeutic Aspects in Pediatric Inflammatory Bowel Disease – A Multi-Centric Study From Brazil

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BACKGROUND: Pediatric inflammatory bowel disease (PIBD) often presents as an extensive and aggressive disease and may be complicated by fistulas and stenosis. Therapy with immunosuppressants and biologicals may prevent complications and avoid corticosteroid use. There is a lack of studies in the Brazilian pediatric population.

METHODS: For all analyses, \( P < 0.05 \) was considered significant. RESULTS: Ninety-six patients (51% females) with PIBD were included, 58.3% of these had CD, 34.4% had UC and 7.3% had IBD-U. Median time from initial symptoms to diagnosis was 11 months in CD and 12 months in UC. Mean age at diagnosis was 9.7 years (\( \pm 4.5 \) years) for CD and 10.9 years (\( \pm 4.2 \) years) for UC. 58.2% of the patients with CD were classified as A1b of Paris. Clinical score severity (PCD/AI or PUC/AI) was not associated with time until diagnosis, gender, or age of onset. Change from initial diagnosis was observed in 12.5% of patients with CD and 6.1% with UC. The most frequent symptoms presented at diagnosis were diarrhea (77.8%), abdominal pain (64.4%) and rectal bleeding (56.9%). Rectal bleeding was significantly more frequently observed in UC (90.6%) than CD (56.9%) \( P = 0.003 \). Although weight loss was frequently observed (Table 1), most patients did not present with growth retardation (23.6% in CD and 12.5% in UC). Regarding disease localization, 41.1% of patients with PIBD were identified. Patients were seen between 2014 and 2019 and data regarding disease aspects were collected. Statistical data analysis was performed using SPSS22.0 (IBM, Armonk,NY,USA).

The most commonly used IBD-related medications were: sulfasalazine (39.2%) and corticosteroids (38.5%) for CD and sulfasalazine (21.4%) and azathioprine (19.6%) for UC. Therapy with immunosuppressants was observed in 41.1% for CD and 40.2% for UC. For Crohn’s disease (CD) patients, mostly young adults (age 20–39 years followed by 40–59 years) and female patients. Enteroscopy was the most performed surgery. Surgical mortality decreased by 46% (19.8% in 2005 to 10.6% in 2015). The most economically developed regions of the country and metropolitan integrated municipalities presented the highest hospitalization and surgical rates. The poorest regions and non-integrated metropolitan municipalities presented the highest mortality rate related to surgery.

CONCLUSION: Brazil follows the global decrease in surgical procedures, mortality and hospitalizations related to IBD. Moreover, the observed distribution of hospitalizations and surgeries was unequal, prevailing in the wealthiest and most developed regions. Early diagnosis and referral to a specialized gastroenterologist for a structured management plan may contribute to a reduction of surgical hospitalization and mortality rates related to IBD.

Cannabis Use and Crohn’s Disease: An Analysis of Online Patient Resources


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BACKGROUND: There is considerable interest surrounding cannabis and cannabinoid derivatives as potential therapeutic option for gastrointestinal disorders. It has been reported that patients with inflammatory bowel disease are increasingly incorporating cannabis products into their treatment regimen; however, the legal and available substance use knowledge of the general population on the internet for information. Given the potential for variation in the reliability of internet information, a systematic assessment of online resources is valuable. This study evaluated the readability and quality of readily available online content concerning cannabis use in the treatment of Crohn’s disease.

METHODS: A Google search using keywords "Crohn’s disease" and "cannabis" was performed to obtain the available websites. Websites were excluded if it was an inappropriate format (i.e. blog posts, general webpages, advertisements), inaccessible, or not specific for Crohn’s disease. Sites were categorized by intended audience: professional or consumer. The validated Flesch-Kincaid Grade Level Calculation determined readability. The validated DISCERN questionnaire determined quality, with scores rated as Good (56–75), Fair (36–55), or Poor (<36).

RESULTS: One hundred forty-four websites were identified, with 100 meeting inclusion criteria. Twelve sites were written for medical professionals, 84 were for consumers. The average Flesch-Kincaid Grade Level was 12.10 (12.43 for professional sites vs 11.20 for consumer sites). The mean DISCERN quality score was 44.04 (57.17 for professional sites vs 42.31 for consumer sites) with no significant difference between website categories. Consumer sites compared to professional sites were less likely to report potential adverse effects of cannabis use (30.68% vs 75%, \( P = 0.0024 \)) and less likely to acknowledge areas of uncertainty (47.73% vs 83.33%, \( P = 0.0009 \)). 34% of the websites mentioned shared decision making with a medical provider, with no significant difference between consumer and professional websites (\( P = 0.6023 \)).

CONCLUSION: This study illustrates the potential shortcomings of online resources addressing cannabis use in Crohn’s disease, specifically with regards to readability, quality, and bias. The majority of websites were directed toward consumers. However, the average readability of both consumer and professional websites was 12th grade level which exceeds the NIH recommended sixth grade reading level for medical information. It is important to note that Flesch-Kincaid Grade Level calculation factors in syllables, and words like "marijuana" and "tetrahydrocannabinol (THC)" are common and can increase grade level calculation. The DISCERN quality scores for both the consumer and professional websites were categorized as fair. Furthermore, this analysis revealed a potential consumer website bias on the internet for information. Therefore, additional discussion on cannabis side effects and uncertainty of effectiveness. It is important that healthcare providers have open conversations with patients regarding cannabis use in effort to provide appropriate counselling and quality resources for additional information.