Inflammatory Bowel Disease in the ED

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- Inflammatory bowel disease (IBD) is comprised of two separate disorders: Ulcerative colitis and Crohn's disease
  - IBD represents an important cause of morbidity and decreased quality of life in those affected individuals and they are very common.
- Crohn's disease
  - Can affect any segment(s) of the GI tract, but most often involves the ileocolic region.
  - There will often be transmural involvement of the bowel leading to fistula formation.
  - Common symptoms include:
    - Diarrhea
    - Abdominal pain
    - Anorexia
    - Weight loss
- Ulcerative colitis
  - Affects the colon but not the small bowel.
  - It involves the rectum, and can progress proximally in a confluent manner.
  - Most common symptoms include: bloody diarrhea
- Extraintestinal manifestations for IBD can involve:
  - Ocular
  - Dermatologic
  - Musculoskeletal

    - Respiratory
    - Nephrolithiasis
    - Primary sclerosing cholangitis and other hepatobiliary disorders
- Common questions from emergency clinicians:
    - What tests should we do in the ED to diagnose IBD?
        - Diagnosis will never be finalized in the ED but given that clinical history often strongly suggests the diagnosis initial investigations can be started.
        - Laboratory testing:
            - CBC
            - Iron indices
            - CRP
            - Fecal calprotectin
    - Indicates bowel inflammation but not the cause
        - Refer to GI for endoscopic and histologic confirmation.
    - If a patient with IBD presents to the ED is a CT needed every time?
        - Generally CT scan is only necessary if patient presentation is suggestive of:
            - Bowel obstruction
            - Intra-abdominal sepsis
            - Perianal sepsis
    - Can an ED clinician initiate treatment for a patient if they present with a likely new diagnosis of IBD?
        - Ideally, treatment initiation should be started in conjunction with the patient's primary physician or GI specialist.
        - However, if there's an anticipated delay for the patient to be seen by PCP or consultant, starting treatment is reasonable.
            - It is still best if this can be done in conjunction with on-call GI if available.
    - If a patient presents to the ED with an IBD flare should we change the doses of their regular meds?
        - This is best done in conjunction with the PCP or GI specialist.
        - If the patient is on corticosteroids or 5-ASA, it is reasonable to alter dosage.
        - Corticosteroids
            - If the patient develops recurrent IBD symptoms during steroid taper, consider going back to the most effective dose of the steroid.

        - Close follow up with PCP or GI is recommended.
    - 5-aminosalicylic acid
        - If a patient develops a flare while on this therapy, consider optimizing the dosage (4.0-4.5gm po qday and/or 4gm pr enema).
        - Close follow up with PCP or GI is recommended.
- What are the major medication side effects or medication interactions that we need to know about in the ED?
    - Steroids
        - There are a multitude of effects that ED physicians are familiar with. For this reason, try to avoid their use in general.
    - Azathioprine: Pancreatitis, hepatitis, and severe leukopenia.
    - Methotrexate: GI upset and hepatitis.
    - Biologics: these tend to have a favorable side effect profile overall.
- If a known IBD patient presents to the ED with an IBD flare, and they are well-appearing and afebrile, can we start steroids without further consultation?
    - Preferably, would avoid doing so as symptoms might not actually represent a flare (eg, could actually be a sign of GI infection)
    - Steroids can also alter the endoscopic appearance of the disease, which makes subsequent management decisions more complicated.
    - It is best to discuss management plans with GI or PCP.
- What do we need to know about the IBD patient who presents with a fistula?
    - Refer to GI and/or surgery.
    - Treat with ciprofloxacin and metronidazole or amoxicillin/clavulanic acid.

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CorePendium: Inflammatory Bowel Disease: https://www.emrap.org/corependium/chap-ter/recKIAB1nNJfyN7LJ/Inflammatory-Bowel-Disease