Inflammatory Bowel Disease

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Introduction

Inflammatory Bowel Disease (IBD) is caused by a combination of hereditary and environmental variables that impact immune responses. Ulcerative Colitis (UC) and Crohn's disease are the two most common inflammatory bowel disorders (CD). Crohn's disease is related to Ulcerative Colitis (UC), both of which are categorised as chronic Inflammatory Bowel Disease (IBD) and cause digestive problems and inflammation in the gastrointestinal system. Diarrhea, stomach discomfort, rectal bleeding, and weight loss are some of the symptoms of CD and UC. They are mostly distinguished by inflammation. Both illnesses can strike adolescents and adults, and they affect both men and women equally. Despite the similarities in the symptoms of these two illnesses, there are important distinctions between CD and UC. Crohn's disease is one of the IBDs that affect people between the ages of 15 and 35. IBDs, unlike other inflammatory illnesses, were difficult to treat. As a result, the immune system is activated, and a portion of the intestine is destroyed. Pain, diarrhoea, fever, and other symptoms are caused by it. CD can affect any region of the digestive tract, including the large intestine, stomach, oesophagus, or even the mouth, in addition to the lower part of the small intestine.

Crohn's disease affects the mouth, the anus, and the whole intestine. The mucosal layer of the colon is affected by ulcerative colitis. Lesions develop in the rectum and the intestine. The symptoms range from moderate to severe and may endanger one's life. CD and UC symptoms are extremely similar. Malnutrition is prevalent in CD because the small intestine is in charge of nutritional absorption, and CD affects the small intestine. Ulcerative colitis is characterised by blood in the stool, intense discomfort, and diarrhoea, whereas CD is characterised by the danger of bleeding in severe instances. Rectal bleeding is less prevalent in CD, but rectal bleeding is frequently related with UC. More than half of persons with CD are deficient in folate and vitamin D, whereas more than half of people with UC are iron deficient.

These illnesses affect different parts of the digestive system. CD, for example, frequently affects the ileum and a portion of the large intestine. It can affect any region of the GI system, including the mouth, oesophagus, stomach, small intestine, rectum, and anus. The small intestine is frequently inflamed in CD, but UC is restricted to the colon and is primarily present in various sections of the large intestine, including the colon and rectum. The large intestine becomes inflamed with UC, whereas the small intestine functions normally. UC is thought to impact 2.6 million people in Europe and 1.2 million people in North America. Approximately 25% of these individuals are diagnosed before reaching the age of 18. The illness frequently begins in youth, and roughly 25% of IBD patients are under the age of 20.

To diagnose UC, clinical, endoscopic, histologic, and radiological investigations are performed. Approximately 7%-10% of IBDs remain unknown. According to the literature, UC illness is a mucosal inflammation of the colon that is commonly shown by diarrhoea, abdominal discomfort, and tenesmus. One of the most common types of dysbiosis illnesses is inflammatory bowel disease. The first subtype of IBD that was recognised as a separate entity was UC, the name IBD encompasses both CD and UC features. It was formerly impossible to differentiate between these two illnesses, but now each has a clinical definition. Both disorders can have an impact on particular aspects of patients' lives, such as school, work, social life, and family life. As a result, the purpose of this review article is to look at the prevalence, causes, diagnosis, and treatment methods for IBD patients.