Coexistence of Inflammatory Bowel Disease and Graves'Disease

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Abstract

The coexistence of Graves' disease (GD) and inflammatory bowel disease (IBD), particularly Crohn's disease (CD) and ulcerative colitis (UC), has not been well documented. Therefore, this report reviews the literature regarding coexisting IBD and GD. Reported cases of concomitant IBD and GD are rare; 16 cases of concomitant UC and GD and 3 cases of concomitant CD and GD were found. Among the 19 reported cases of concomitant IBD and GD, IBD developed before GD in 8 (42.1%) cases, GD developed before IBD in 9 (47.4%) cases, and both conditions coexisted in 2 (10.5%) cases. Therefore, there was no evidence for a tendency of a preceding disease between IBD and GD. The interval between diagnoses of IBD and GD varied from 0 year to 20 years. Furthermore, there was no evidence indicating that patients with concomitant IBD and GD had poorer prognoses than those with IBD but without GD. Ulcerative colitis (UC) and Crohn's disease (CD) are the two most common forms of Lnflammatory bowel disease (IBD). IBD is characterized by chronic recurrent conditions and intestinal LnflammatLon. IBD is estimated to be a multifactorial disease that may result from a number of causes such as genetic and environmental factors, microbiota, and immunological factors . Crohn's disease can aِect any portion of the gastrointestinal tract, whereas UC is characterized by LnflammatLon that is confined to the large intestine. Microscopically, CD aِects the entire bowel wall, whereas UC is restricted to the epithelial lining of the gut . He development of extraintestinal manifestations or coexistence of autoimmune disorders during the course of IBD is well known; however, the coexistence of IBD and autoimmune thyroid diseases, such as Graves' disease (GD), has not been well documented. Here we summarize the reported cases of concomitant IBD (UC or CD) and GD.