

Increasing in incidence and prevalence of relapsing and remitting disease-ulcerative colitis.

Jeevana Karthika*

Department of Hepatology, Institute of Liver and Biliary Sciences, New Delhi, India

Received: 19-Nov-2021, Manuscript No. JGDD-21-103; Editor assigned: 22-Nov-2021, PreQC No. JGDD-21-103 (PQ); Reviewed: 21-Dec-2021, QC No. JGDD-21-103; Revised: 04-Jan-2022, Manuscript No. JGDD-21-103 (R); Published: 11-Jan-2022, DOI: 10.35841/jgdd-7.1.103

Introduction

Ulcerative colitis is an idiopathic, chronic inflammatory condition of the colonic mucosa that begins in the rectum and progresses proximally over part or the entire colon; however, some patients with proctitis or left-sided colitis may develop a caecal patch of inflammation. The sickness is characterised by bloody diarrhoea as a symptom. The clinical course is variable, with periods of aggravation and remission alternating. The epidemiology, pathophysiology, diagnostic method, natural history, medical and surgical treatments, and key disease-related consequences of ulcerative colitis are discussed in this seminar, as well as emerging therapeutic possibilities [1].

Ulcerative colitis is an idiopathic, chronic inflammatory condition of the colonic mucosa that begins in the rectum and progresses proximally over part or all of the colon; however, some patients with proctitis or left-sided colitis may develop a caecal patch of inflammation. The sickness is characterised by bloody diarrhoea as a symptom. The clinical course is variable, with periods of aggravation and remission alternating. The epidemiology, pathophysiology, diagnostic method, natural history, medical and surgical treatments, and key disease-related consequences of ulcerative colitis are discussed in this seminar, as well as emerging therapeutic possibilities [1].

Ulcerative colitis (UC) is a chronic inflammatory condition of the colon caused by an immunological response. Food, particularly Western diet influences in newly industrialised countries, pharmaceuticals, and lifestyle factors that may alter the host's microbiota or immunological response to antigens are all linked to an increased risk of UC. Although there is a lot of evidence pointing to potential genetic and host-related factors, there are also a lot of unsolved concerns. As the global incidence and prevalence of UC rises, there are numerous opportunities for further research to better understand the disease, find possible predictors of disease severity, therapeutic response, and novel therapeutic targets [2].

Ulcerative colitis is a disorder in which the colon becomes inflamed. In the absence of a demonstrated other aetiology, ulcerative colitis is diagnosed based on clinical presentation, endoscopic assessment, and histologic criteria. Infection, in particular, must be considered and ruled out in the differential diagnosis. Although laboratory and radiographic data can help in ulcerative colitis diagnosis, endoscopy is still the gold standard. Because these characteristics affect treatment options and prognosis, it's critical to get the right diagnosis and illness staging [3].

Ulcerative colitis (UC) is a common inflammatory bowel illness affecting the colonic mucosa that affects 20,000-25,000 Danes. Aside from subgroups with early start, significant and long-standing inflammation, or primary sclerosing cholangitis, the risk of colorectal cancer in the general population is the same. Diarrhoea, bloody faeces, rectal tenesmi, anaemia, and weariness are the most common symptoms. This review provides doctors with an update on diagnoses and treatment options that are relevant to them, and because UC frequently affects patients during their reproductive years, special attention is paid to the management of pregnant patients with UC [4].

Ulcerative colitis is a recurrent and remitting inflammatory bowel disease that is becoming more common. The goal of treatment is to get rid of symptoms as quickly as possible, repair the mucosa, and improve the patient's quality of life. For mild to moderate disease, 5-aminosalicylate acid medicines remain the first-line treatment. Escalation to immunosuppressive medicines and biologics may be required if these medications do not provide a satisfactory response. Importantly, even with the finest medical treatment, surgery may be required in some patients. For patients with ulcerative colitis, the future will certainly bring a plethora of new therapeutic alternatives, with the possibility of a more individualised treatment approach [5].

References

1. Ordás I, Eckmann L, Talamini M, et al. Ulcerative colitis. *Lancet*. 2012; 380(9853):1606-19.
2. Du L, Ha C. Epidemiology and pathogenesis of ulcerative colitis. *Gastroenterol Clin North Am*. 2020;49(4):643-54.
3. Kaenkumchorn T, Wahbeh G. Ulcerative colitis: Making the diagnosis. *Gastroenterol Clin North Am*. 2020;49(4):655-69.
4. Nielsen OH, Jess T, Bjerrum JT, et al. Ulcerative colitis. *Ugeskr Laeger*. 2013;175(20):1412-6.
5. Segal JP, LeBlanc J, Hart AL. Ulcerative colitis: an update. *Clin Med (Lond)*. 2021;21(2):135-139.

*Correspondence to:

Jeevana Karthika
Department of Hepatology
Institute of Liver and Biliary Sciences
New Delhi, India
E-mail: jev.karthika1989@ilbs.in

Citation: Karthika J. Increasing in incidence and prevalence of relapsing and remitting disease-ulcerative colitis. *J Gastroenterology Dig Dis*. 2022;7(1):103