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A CLINICAL CASE OF EXTRAINTESTINAL MANIFESTATIONS OF ULCERATIVE COLITIS

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The problem of treatment of inflammatory bowel diseases is relevant today. According to the International Research Committee, the incidence of ulcerative colitis (UC) has been steadily increasing in all countries in recent years. Arthritis develops in 20% of UC patients and is characterized by the involvement of a small number of large joints. Changes in the joints are usually completely reversible, but relapses are possible, the occurrence of which can be associated with an exacerbation of the underlying disease.

Aim. Studying the extraintestinal manifestation of ulcerative colitis.

Materials and methods. The patient was cared for inpatient treatment in the gastroenterology department of the Kharkiv Regional Clinical Hospital (RCH).

Results. Clinical case. Patient K., 24 years old, was admitted to the gastroenterology department of the RCH with complaints of the appearance of loose stools up to 6-8 times a day with blood, false urge to defecate, fever up to 38 C, swelling, redness in the area of the right knee joint, stiffness in the morning and pain in this joint after a slight load, periodic pain in the left knee joint, ankle and elbow joints. When examining the joints, the right knee joint is warm to the touch and painful on palpation, and the range of motion is moderately limited.

During the patient's stay in the hospital, the following tests were performed: rheumatoid factor negative, CRP - 36 g/l, ANA – negative, and HLA B27 - negative. Histological examination of the synovium reveals signs of nonspecific synovitis. No bone changes were detected on the radiograph.

Based on the patient's complaints, medical history, and additional investigations (sigmoidoscopy, colonoscopy with biopsy), a diagnosis was established: UC, moderate severity, grade II endoscopic activity with extraintestinal manifestations

(polyarthralgia). Basic therapy was prescribed, against which the patient's condition improved, and the severity of the articular syndrome decreased.

Conclusion. It should be noted that UC is a systemic disease with an extremely diverse clinical picture of intestinal damage and a wide range of extraintestinal manifestations, which seriously complicates the initial diagnosis. Given this correct interpretation of extraintestinal symptoms, it helps to establish a timely diagnosis and prescribe adequate therapy for a possible atypical variant of the disease, which allows for a more stable remission, avoiding complications and preventing the formation of resistance to treatment.