DIAGNOSING IBD

RCGP LEARNING

KEY FEATURES

Demographic	Main gastrointestinal symptoms	Other common symptoms
• Mainly teens/twenties for ulcerative colitis (UC)/Crohn's • Microscopic colitis mainly women 50+ • Can be any age • Family history ^risk, especially Crohn's	• Diarrhoea • Abdominal pain • Rectal bleeding • Aphthous (mouth) ulcers • Bloating • Constipation	• Delayed growth (children) • Weight loss • Lethargy • Fevers • Night sweats

WORKUP

Investigations	Refer for suspected cancer (NICE)
• FBC • Ferritin/Iron studies • ESR/CRP • Coeliac screen • Faecal immunochemical test (FIT) • Faecal calprotectin • Faecal microscopy & culture	Offer FIT test to guide referral for suspected cancer to adults:(NICE) • With an abdominal mass. • With a change in bowel habit. • With iron deficiency anaemia. • Aged 40 and over with unexplained weight loss and abdominal pain • Aged under 50 with rectal bleeding and unexplained abdominal pain or weight loss • Aged 50 and over with unexplained rectal bleeding, abdominal pain or weight loss • Aged 60 and over with anaemia even in the absence of iron deficiency. refer for suspected colorectal cancer if the FIT test is 10mcgHb/g of faeces or more.

NEXT STEPS

Differentials	Increased suspicion of IBD	Extra-intestinal manifestations
• Irritable bowel syndrome (IBS) – can co-exist • Colorectal cancer • Coeliac disease • Endometriosis • Ovarian cancer	• Unexplained fever • Weight loss • Anaemia • Family history of IBD • Extra-intestinal manifestations	• Present in nearly half of patients • May manifest before bowel symptoms • Inflammatory arthritis • Erythema nodosum • Pyoderma gangrenosum • Primary sclerosing cholangitis • Eye: uveitis/iritis/episcleritis

REFERRAL

Calprotectin	Gastroenterology	Diagnosis
• Usually raised in IBD but not IBS • Seek advice if not raised but suspicion of IBD persists	• Assessment within 4 weeks of referral for suspected IBD • Diagnosis based on a combination of haematological, endoscopic, histological and imaging-based investigations	• Crohn's: mouth to anus; transmural inflammation • Crohn's affecting large intestine only: Crohn's colitis • UC: colon to anus; mucosa only • UC affecting rectum only: proctitis • Microscopic colitis: colonic inflammation without ulcers or bleeding

NICE [QS81] (2015) [NG12] (2026) [DG11] (2013)