



KEY FEATURES

Demographic	Main gastrointestinal symptoms	Other common symptoms
<ul style="list-style-type: none"> Mainly teens/twenties for ulcerative colitis (UC)/Crohn's Microscopic colitis mainly women 50+ Can be any age Family history ^risk, especially Crohn's 	<ul style="list-style-type: none"> Diarrhoea Abdominal pain Rectal bleeding Aphthous (mouth) ulcers Bloating Constipation 	<ul style="list-style-type: none"> Delayed growth (children) Weight loss Lethargy Fevers Night sweats

PRESENTATION

Investigations	Refer for suspected cancer (NICE)	Consider cancer referral
<ul style="list-style-type: none"> FBC Ferritin/Iron studies ESR/CRP Coeliac screen Faecal immunochemical test (FIT) Faecal calprotectin Faecal microscopy & culture 	<ul style="list-style-type: none"> Age 40+ with unexplained weight loss and abdominal pain Age 50+ with unexplained rectal bleeding Age 60+ with iron-deficiency anaemia/change in bowel habit/positive faecal occult blood or FIT 	<ul style="list-style-type: none"> Rectal/abdominal mass Age <50 with rectal bleeding and unexplained: <ul style="list-style-type: none"> abdominal pain change in bowel habit weight loss iron-deficiency anaemia

NEXT STEPS

Differentials	Increased suspicion of IBD	Extra-intestinal manifestations
<ul style="list-style-type: none"> Irritable bowel syndrome (IBS) – can co-exist Colorectal cancer Coeliac disease Endometriosis Ovarian cancer 	<ul style="list-style-type: none"> Unexplained fever Weight loss Anaemia Family history of IBD Extra-intestinal manifestations 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Usually raised in IBD but not IBS Seek advice if not raised but suspicion of IBD persists 	<ul style="list-style-type: none"> Assessment within 4 weeks of referral for suspected IBD Diagnosis based on a combination of haematological, endoscopic, histological and imaging-based investigations 	<ul style="list-style-type: none"> 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