Parkland Memorial Hospital
MEDICAL GRAND ROUNDS
August 24, 1961

ULCERATIVE COLITIS

CASE 1 [redacted]. This 66-year-old [redacted] male was admitted [redacted], 1960, with a three-week history of frequent (20/day), foul-smelling, blood-streaked, mucoid stools associated with rectal pain and recurrent cramping pain localized to the left lower abdominal quadrant. He had fever and chills and began to vomit repeatedly two days prior to admission. There had been at least three similar such episodes in the past 25 years separated by completely symptom-free intervals. He did not recall arthritis, skin lesions, adenopathy or other significant changes, and denied a family history. Examination showed a chronically ill, pyrexial, dehydrated, hypotensive man with marked LLQ. tenderness. Radiological exam revealed a shortened, narrow, pipe-like descending colon with an absence of haustrations. He was treated with I.V. fluids, codeine, Thorazine, paregoric and chloromycetin for 8 days with a poor response. Prednisolone and Terramycin were added without marked benefit, and, as the patient had now developed signs and symptoms of possible intestinal obstruction, surgery was decided upon. Laparotomy revealed a severe, diffuse ulcerative colitis with multiple gangrenous areas and a perforation of the transverse colon. A total colectomy and ileostomy were performed, and, also, a cholecystotomy for a distended gallbladder. The patient had an extremely stormy post-operative course with a complete abdominal wound disruption, parotitis, otitis, thrombophlebitis, biliary fistula and respiratory difficulties with death on the 25th post-operative day.

Histological examination revealed the classic changes of acute on chronic ulcerative colitis involving the ileum, colon, and rectum. The mucosal, submucosal and muscular layers were ulcerated and infiltrated with acute and chronic inflammatory cells.

CASE 2 ([redacted]). This 23-year-old [redacted] female was admitted [redacted], 1960, with a 4½-year history of increasing diarrhea (up to 20 watery, blood-streaked stools/day) associated with fever, lower abdominal and rectal pain, malaise, tiredness and weight loss. During 1958 she had a short period of medical treatment including steroids which resulted in marked improvement for about 4 months. On admission to [redacted], she was in good general condition with a Hb. of 12.9 gm.%, normal electrolytes and serum proteins. Radiological exam revealed a shortened colon with multiple pseudopolyps. She was intensively treated for 2 weeks with

hydrocortisone enemas, sulfathalidine, neomycin, antispasmodics and sedatives without a decrease in the number of bowel movements. At operation, the terminal ileum, ascending and transverse descending and upper portion of the sigmoid colon were resected and an ileostomy constructed. The post-operative course was uneventful, and, on discharge, bowel movements were normal and the patient was symptom-free and gaining weight steadily.

Examination of the resected specimen showed innumerable, very large mesenteric lymph nodes and many sessile pseudopolyps. Histological examination showed diffuse ulceration of the mucosal and submucosal layers with chronic inflammatory cell infiltration throughout the wall of the colon. There was R.E. hyperplasia of the submucosal lymphoid tissue and the lymph nodes.

CASE 3 ([redacted]). This 37-year-old [redacted] female was first hospitalized in [redacted], 1950, with a one-year history of diarrhea and weight loss. Procotoscopic and radiological examination confirmed the diagnosis of ulcerative colitis and steroid therapy was commenced. A subacute arthritis involving the knees, one hip, and the wrists occurred in 1951, coincident with a mild relapse of the colitis. Since that time, she has been maintained on medical treatment and has had a number of mild relapses - the last in [redacted], 1959, which was accompanied by a recurrence of the arthritis in the knee, wrist, and M.C.P. joints. X-rays of the joints were normal; the total serum proteins 8.6 gm.%, with a globulin of 4.0 gm.%; antinuclear fluorescence test strongly positive. She is at present well-controlled on prednisolone, "azulfidine" (salicylazosulfapyridine) and sedatives.

COLON ANTIBODIES IN ULCERATIVE COLITIS

AUTHOR	TEST	ANTIGEN	NO. TESTED	NO. POSITIV
BROBERGER	Precipitin (double diffusion in agar)	Phenol-Water Ext. whole normal colon	30 children	22
"	Haemagglutination (sheep erythrocytes coated with ext. colon)	"	30 "	28
ASHERSON	"	"	14 "	12
			36 adults	13
POLCAK	Agglutination (collodion particles coated with colon)	Homogenate normal colon mucosa and submucosa	30 "	30
BREGMAN	Haemagglutination (sheep erythrocytes coated with colon)	Saline extract normal colon mucosa	92 "	71
MARATKA	Agglutination (collodion particles)	Saline extract whole normal and U.C. colon	44 "	27

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