Initial Laboratory Evaluation
If symptoms and/or physical examination suggest IBD, an initial evaluation should be started in conjunction with a referral to pediatric gastroenterology. This evaluation should include:

- CBC with differential
- Erythrocyte sedimentation rate
- C-reactive protein
- Liver transaminases
- Serum albumin
- Stool culture
- Stool for C-difficile
- Other testing as indicated (e.g. celiac serology, Giardia antigen testing, etc.)

What to Expect at the Initial Gastroenterology Consultation
At the initial visit, we will perform a detailed history, physical examination and review of the available laboratory and radiology studies. If, in the opinion of the consulting gastroenterologist, the history, physical examination and/or prior studies are suspicious for IBD, further evaluation will be scheduled.

This is likely to include:

- Upper endoscopy and colonoscopy with biopsy
- Small bowel imaging with an upper gastrointestinal series and small bowel follow-through, abdominal CT, abdominal MRI, and/or capsule endoscopy, depending on the clinical situation

Ongoing Care
Patients found to have IBD will meet with part of our multidisciplinary IBD team for an education session and initiation of therapy. Team members typically involved with this initial visit to the IBD Center include our nurse coordinator, dietitian, research coordinator, and the patient's gastroenterologist. Other IBD team members, including a nurse practitioner, psychologist, social worker and surgeon, are available to see patients as specific issues arise. Following this initial visit, patients are seen at regular intervals, ranging from every few weeks to every six months, depending on disease course and the degree of immunosuppression required for their treatment. Most patients are seen every three to four months.

For an urgent consultation, call the Physician Direct Connect Line at (614) 355-0221 or (877) 355-0221. To make a referral, call (614) 722-6200 or (877) 722-6220, fax (614) 722-4000, or visit **NationwideChildrens.org/GI.**

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Gastroenterology, Hepatology and Nutrition

IBD in the Pediatric Patient

NATIONWIDE CHILDREN'S

When your child needs a hospital, everything matters.℠

Inflammatory Bowel Disease (IBD)

The Center for Pediatric and Adolescent Inflammatory Bowel Disease (IBD Center) at Nationwide Children's Hospital provides comprehensive care for children with Crohn's disease and ulcerative colitis. The IBD Center brings together the experience and expertise of a team of physicians, surgeons, psychologists, researchers, dietitians, nurses, nurse practitioners and social workers. This team of specialists provides intensive support to each patient through clinical management, patient and family education, dietary guidance and counseling.

The scope of care at the IBD Center includes:

- Advanced diagnostic services
- Clinical management
- Patient and family education
- Nutritional guidance and counseling

Diagnostic Capabilities

- Endoscopy and colonoscopy
- Double-balloon enteroscopy
- State-of-the-art imaging - fluoroscopy, CT and MRI
- Interventional radiology services
- Non-invasive capsule endoscopy or "pill cam"

Evaluating Pediatric IBD

IBD is a general term that describes several different illnesses. The most common subtypes include Crohn's disease, ulcerative colitis and indeterminate colitis. Although the exact etiology of IBD is unknown, evidence suggests that IBD results from intestinal immune dysregulation, which may be triggered by environmental factors in a genetically predisposed host. This immune dysregulation results in chronic inflammation and the subsequent complications of the disease.

Distinguishing Crohn's Disease (CD) and Ulcerative Colitis (UC)

While at times difficult to differentiate, there are several characteristics that may help distinguish Crohn's and ulcerative colitis, as outlined below.

Crohn's Disease	Ulcerative Colitis
Any part of the GI tract	Colon only
Non-continuous	Continuous
Rectal sparing	No rectal sparing
Non-caseating granulomas	No granuloma
Transmural inflammation	Mucosal inflammation
Fistulae and abscesses	Abscesses very rare
Strictures common	Strictures rare
Ileum commonly involved	
Perianal disease	

Some individuals will have features of both Crohn's disease and ulcerative colitis, making it difficult to assign them to either category. These individuals are diagnosed as having indeterminate colitis.

Clinical Presentation of IBD

Although there is significant overlap, signs and symptoms may also help distinguish Crohn's from ulcerative colitis.

Signs/Symptoms	CD	UC
Rectal bleeding	+ +	+ + + +
Abdominal pain	+ + + +	+ + +
Diarrhea	+ +	+ + +
Weight loss	+ + + +	+ +
Growth failure	+ + +	+
Rectal disease	+ +	
Mouth ulcers	+ +	+
Erythema nodosum	+	+
Fevers	+ +	+
Anemia	+ + +	+ + +