



# IBD in the Pediatric Patient

## Advanced Focus in IBD

The nationally recognized 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.

**The scope of care at the IBD Center includes:**

- Clinical management
- Patient and family education
- Nutritional guidance and counseling
- Second opinions
- Parent and peer mentoring
- Quality improvement in IBD care
- Clinical trials

**Our advanced diagnostic capabilities include:**

- Endoscopy and colonoscopy
- Double-balloon enteroscopy
- State-of-the-art imaging: MRE, fluoroscopy, CT scan
- Interventional radiology services
- Non-invasive capsule endoscopy or “pill cam”

Research is critical in continuing to improve the care of children and adolescents with IBD. Current research activities include clinical drug trials and studies examining the psychosocial effects of chronic diseases such as IBD. The center also participates in national IBD research databases, which are being used in the ongoing effort to improve the treatment and quality of life for everyone with IBD.

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## Referrals and Consultations

Online: [NationwideChildrens.org/GI](http://NationwideChildrens.org/GI)  
Phone: (614) 722-6200 or (877) 722-6220 | Fax: (614) 722-4000  
Physician Direct Connect Line for 24-hour urgent physician consultations:  
(614) 355-0221 or (877) 355-0221.

## Laboratory Testing and Pathology Consultations

Online: [NationwideChildrens.org/Lab](http://NationwideChildrens.org/Lab)  
Phone: (614) 722-5477 or (800) 934-7575



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*When your child needs a hospital, everything matters.<sup>SM</sup>*

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 granulomas
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

Common signs and symptoms of inflammatory bowel disease include:

Gastrointestinal symptoms:

- Rectal bleeding
  - Diarrhea
  - Growth failure
- Abdominal pain
  - Weight loss
  - Perianal tags

Extraintestinal manifestations:

- Mouth ulcers
- Erythema nodosum
- Fevers
- Anemia
- Joint pain

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
- Stool culture
- C-reactive protein
- Stool for *C. difficile*
- Hepatic panel (AST/ALT/GGT/Bilirubin/Alkaline phosphatase/Albumin)
- 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 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, MR enterography, abdominal MRI and/or capsule endoscopy, depending on the clinical situation

Multidisciplinary IBD 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.

We also work closely with other specialties, including Rheumatology, Infectious Diseases, Dermatology, Endocrinology/Bone Clinic and Ophthalmology.