Extraintestinal manifestations of idiopathic ulcerative colitis in northwestern India

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Objective: To determine the frequency of extraintestinal manifestations in patients with idiopathic ulcerative colitis. Methods: 46 patients underwent detailed clinical, biochemical and radiological evaluation.

Results: One patient (2%) had peripheral arthritis, and two patients (4%) had ocular involvement in the form of anterior uveitis. No patient had mucocutaneous, vascular, or hepatobiliary manifestations, or sacroiliitis.

Conclusions: The frequency of extraintestinal manifestations in patients with IUC in northwestern India is low. [Indian J Gastroentero/2004;23:89-90]

Key words: Inflammatory bowel disease

Idiopathic ulcerative colitis (IUC) is an inflammatory bowel disease of unknown etiology. Joint involvement in the form of peripheral arthritis or spondylitis is the commonest extraintestinal manifestation of IUC, whereas involvement of the skin, liver and eyes is less frequent. The frequency of these manifestations has varied in previous Indian studies. We report the frequency of extraintestinal manifestation in IUC in northwestern India.

Methods

Between July 2001 and July 2002, 46 consecutive patients with IUC attending the Gastroenterology Clinic at PBM Hospital, Bikaner were studied. The diagnosis of IUC was based on clinical history, sigmoidoscopy and histology. The extent of disease was assessed by double-contrast enema and/or colonoscopy, and was classified as proctosigmoiditis (involvement of rectum and sigmoid colon), left-sided colitis (involvement up to splenic flexure) and pancolitis (disease proximal to splenic flexure).

Clinical severity of IUC was graded as mild, moderate and severe according to the criteria of Truelove and Witts. All patients underwent detailed clinical evaluation for evidence of ocular, mucocutaneous, arthritic and vascular manifestations, and blood tests, including hemogram, liver function tests, renal function tests, and fasting blood sugar. X-rays of sacroiliac joint (anterior-posterior view) and spine were obtained, and sacroiliac joint changes were graded according to the New York criteria. X-rays of peripheral joints were done only in case of pain in a particular joint. All patients were treated according to severity of their disease.

Results

The duration of disease in the 46 patients studied (age range 16-61 y; 29 men) ranged from 4 months to 18 years (mean 4.8 y); 16 patients (35%) had proctosigmoiditis, 20 (43%) had left-sided colitis and 10 (22%) had pancolitis. Two patients had local complications, including intestinal perforation and rectal stricture in one patient each. Three patients had extraintestinal manifestations, including peripheral arthritis involving the right knee joint in one patient (2%) and ocular involvement in the form of anterior uveitis in 2 (4%) patients. All these manifestations occurred during relapses of IUC and responded well to treatment of bowel disease.

No patient had clinical or radiological evidence of sacroiliitis. However, 8 patients (17%) had low backache and 3 (6%) had arthralgias in various joints; joint X-rays were normal in them. Hepatobiliary or mucocutaneous manifestations, and deep vein thrombosis were not observed in any patient.

Discussion

Extraintestinal manifestations are frequent in patients with IUC, being reported in 25% to 36% of patients in Western countries. These most commonly involve the joints and may present as acute arthralgia involving mainly the large joints asymmetrically during an acute attack. Radiological evidence of sacroiliitis is found in 12%-15% of patients. However, data on frequency of these manifestations in Indian patients are conflicting, ranging from absence of such manifestation to prevalence of 4.3% to 39%. Kochar et al. reported extraintestinal manifestations in 35% of patients, including peripheral arthritis in 10.7% and sacroiliitis in 14%. Habeel et al. encountered extraintestinal manifestations in 59%, including arthralgias in 21%, ocular involvement in 7%, and sacroiliitis in 5%.

We did not encounter any patient with radiological or clinical evidence of sacroiliitis. Joint and eye involvement was observed in a few patients, and hepatobiliary, mucocutaneous and thrombotic manifestations were not seen. Arthralgias and backache were present in 4 (9%) and 14 (39%) patients, respectively. However, low backache is a nonspecific complaint, occurring in 50% - 80%

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of adults at some time in life,8 and may be due to different diseases including psychosocial factors. Thus, low back pain or arthralgia alone should not be considered as an extraintestinal manifestation of IUC.

The low prevalence of extraintestinal manifestations in our study remains unexplained, but we believe it may be due to regional variations or even a referral bias.

In conclusion, extraintestinal manifestations, including joint involvement, are uncommon in patients with IUC in northwestern India.

References


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