

A CASE REPORT: ULCERATIVE COLITIS

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ABSTRACT

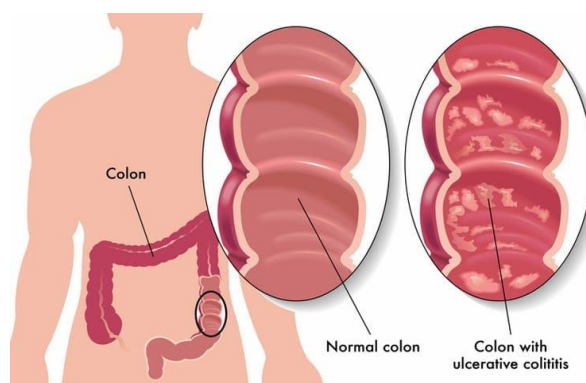
Ulcerative colitis is a chronic inflammatory bowel disease caused by immune system dysfunction, genetics, environmental factors, and gut microbiota variations, requiring long-term care. A-38-years old male patient with the chief complaints of abdominal pain and ramping for 10days, loose stools mixed with blood, mild fever for 3 days at Malla reddy hospital during the month of October' 2025. After physical examination and lab investigations, he was diagnosed with the ulcerative colitis.

KEYWORDS: ulcerative, ramping, microbiota variations, stools.

INTRODUCTION

Ulcerative colitis is a long-term inflammatory bowel disease (IBD) defined by inflammation and ulceration of the large intestine's lining.^[1] It can occur any age, although onset is more common in individuals between

15 and 30 years of age.^[2] Symptoms can include diarrhoea, bloody bowel movements, and abdominal cramping. Causes are not clear, although genes, immune response, microbiome, and the environment may play a role.^[3]



CASE PRESENTATION

A-38-years old male patient with the chief complaints of abdominal pain and ramping for 10days, loose stools mixed with blood, mild fever for 3 days at Malla reddy hospital during the month of October' 2025. After

physical examination and lab investigations, he was diagnosed with the ulcerative colitis. The patient is in conscious state. Edema, Icterus, Pallor, Cyanosis, clubbing all are seems to be normal.

DATE	Day 1	Day 2	Day 3	Day 4
TEMP (°F)	100.4	99	98	98
BP (mm/hg)	110/70	115/70	120/80	120/80
PULSE (bpm)	92	88	82	80
CVS	S1S2+	S1S2+	S1S2+	S1S2+
RS	BAE+	BAE+	BAE+	BAE+
P/A	Tender	Mild tender	Soft & NT	Soft & NT

LAB INVESTIGATIONS

LAB TESTS	NORMAL VALUES	PATIENTS VALUE	REMARKS
Hb	[13-17] g/dl	10.8*	Decreased
RBC	[4.0-5.5] millions/cumm	3.9	Normal
WBC	[4000-10000] cells/cumm	12,500*	Elevated
ESR- males	[0-10] mm 1 st hr	42*	Elevated
Platelets	[1-4] lakhs/cum	4.1	Normal
TOTAL BILIRUBIN	(0.5-1.1) mg/dl	0.8	Normal
DIRECT BILIRUBIN	(0-0.6) mg/dl	0.2	Normal
INDIRECT BILIRUBIN	(0-0.4) mg/dl	0.4	Normal
SGOT	(6-38) Iu /l	32	Normal
SGPT	(6-38) Iu /l	33	Normal
Na	136-146(mmol/l)	136	Normal
K	3.5-5.0(mmol/l)	4.2	Normal
cl	98-107 (mmol/l)	100	Normal
Urea	12-42 mg/dl	28	Normal
Sr.cr male	0.6-1.1 mg%	0.9	Normal
Uric acid	2.62-7.2mg%	4.2	Normal
Urine color	Dark- pale yellow	Pale yellow	Normal
Appearance		Clear	Normal
PH	[5.0-8.0]	6.0	Normal
Specific gravity	[1.010-1.030]	1.020	Normal
Puss cells	[1-5] Hpf	2-3	Normal

In lab investigations found to be abnormal except in complete blood picture haemoglobin levels are decreased, WBC levels are increased and also ESR levels are elevated. stool culture was found to be positive.

Colonoscopy found to be continuous mucosal ulceration from rectum to sigmoid colon.

TREATMENT CHART

S.no	TRADE NAME	Generic Name	DOSE	ROA	FRQ	INDICATION
1.	Tab. Mesacol	Mesalamine	800mg	P/O	TID	These medications aid to reliving the symptoms like bleeding and diarrhoea.
2.	Tab.Prednisolone	Methyl prednisolone	40mg	P/O	OD	It reduces the inflammation present in the body.
3.	Tab. Pantocid DSR	Pantoprazole	40mg	P/O	OD	It decreases the acidity caused by the other drugs.
4.	Normal saline	Normal saline	500ml	IV	BD	It maintains the fluids and electrolytes balance in the body
5.	ORS saclet	Oral rehydration salts	200ml	P/O	SOS	It is used to prevent the dehydration.
6.	Tab. Zincovit	Multivitamin	1tab	P/O	SOS	This supplement helps to maintain body immunity and health.
7.	Tab.Dicyclomine	Dicyclomine HCL	20+325mg	P/O	OD	Used to relieve pain with in the body.
8.	Tab. Bifilac	Lactobacillus rhamnosus	1tab	P/O	OD	It inhibits harmful bacteria and also protects gut from it.

DISCUSSION

In this patient colonoscopy confirmed continuous mucosal ulceration. Mesacol (mesalamine) and prednisolone were prescribed, for treating the bleeding and reduces the inflammation. In combination with supportive care normal saline and ORS saclet was given to balance the electrolyte balance. Bifilac is prescribed to inhibits harmful bacteria and growth of good bacteria. Long term plan is to maintain remission via mesalamine, while the patient continued follow-up. Monitoring and evaluation by a clinician are recommended. Patient education will hopefully allow for better outcomes in UC management.

CONCLUSION

A 38-year-old male patient with abdominal pain in remission for 10 days, with 3 days of loose stools with blood, and mild fever, was diagnosed with ulcerative colitis. The exact cause of UC is unknown, but it is thought to occur due to immune system dysfunction, genetics, environmental factors, and gut microbiota composition. The medications prescribed include Mesacol, Prednisolone, Pantocid DSR, normal saline, ORS saclet, Zincovit, Spasmonis and Bifilac. These medications treat the condition and promote overall health.

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