

grade fever and mild degree of failure to thrive. There was no arthritis or skin rash.

General stool examination revealed semi liquid brown stool with 10-12 pus cells and 8-10 RBC with no evidence of cysts or traphozoites. Stool culture reveals only growth of candida albicans.

Hematological investigations revealed mild hypochromic-microcytic anemia with increased in the total WBC count with neutrophil predominance.

After 9 months from the beginning of illness colonoscopy were done with biopsies were taken from the sigmoid and the colon, which revealed non-specific proctitis with multiple crypt abscesses but no granuloma is seen.

Barium enema was not done in our patient because the dye required was not available. The patient was then diagnosed as ulcerative colitis and start treatment with prednisone 2mg/kg for 3 weeks initially and salazopyrine for 2 weeks then another course of both drugs were given for 45 days.

The patient dramatically responded to the treatment with improvement in the general condition and disappearance of bloody diarrhea.

Now the patient is on salazopyrine orally with steroid treatment during the acute exacerbation.

Fortunately our patient is not in need till now for immunotherapy or surgery because of dramatic response to the initial treatment with sallazopyrine and steroid.

Discussion

Although ulcerative colitis is one of the major causes of bloody diarrhea during the adolescent and the adulthood periods, it is less commonly seen in children. It affects mainly children after the first years of life and it is unusual to see ulcerative colitis in infancy⁽¹⁾.

In spite of the repeated presentation of our patient with bloody diarrhea which did not respond to the usual treatment of amoebic and bacillary dysentery and in spite of negative investigations which were done repeatedly during the 9 months of the illness, the suspicion of inflammatory bowel disease was too late because of unusual presentation of the disease at this age^(1, 5).

The major disease of differential diagnosis of bloody diarrhea at this age was cow milk protein intolerance and Crohns disease^(1, 2). Our patient was breast-fed and now on the usual family diet with little infrequent intake of prepared milk. Both cow milk protein intolerance and Crohns disease can be excluded by the typical histopathological findings of biopsies that were taken by colonoscopy and segmoidoscopy which revealed proctitis and crypt abscesses which are typical picture of ulcerative colitis⁽¹⁾. Colonoscopy also is important in defining the extent of the disease⁽⁶⁾. The colonoscopy also excludes Crohns disease by absence of granulomas characteristic of Crohns disease⁽¹⁾.

What is important to be noticed in our patient is that in spite of long period of the illness (around 9 months) the patient has no other signs of ulcerative colitis like skin rash or features of arthritis⁽¹⁾. This may be due to that these features usually appear around adolescence and are unusual presentation of ulcerative colitis at this very young age of our patient⁽⁴⁾.

The hematological investigation of our case was consistant with the diagnosis of ulcerative colitis. The type of anemia was hypochromic-microcytic which may be either due to continued blood loss from the intestine or due to the fact that microcytic anemia is a