

feature of chronic inflammatory disorders due to the misuse of iron during the inflammatory process. The increased WBC count is consistent with ulcerative colitis, which indicates the presence of inflammatory process in the body ⁽⁷⁾.

General stool examination revealed the presence of blood cell and pus and this picture is seen in ulcerative colitis due to the damage to the bowel mucosa or this picture may be seen due to infection of the bowel that may accompany the inflamed bowel ⁽²⁾.

The definitive diagnosis of ulcerative colitis in our patient is done by sigmoidoscopy and colonoscopy with biopsies taken from the sigmoid and the colon which revealed picture suggestive of ulcerative colitis with non specific proctitis and multiple crypt abscesses with no granuloma ⁽¹⁾. This picture confirms the diagnosis of the case and excludes the other differential diagnosis like Crohns disease and cow milk protein intolerance ⁽⁴⁾.

The rapid response of our patient to the treatment with salazopyrin and steroid orally (initially only) and then continuation on the salazopyrin orally only with improvement in the physical growth and improvement in the appetite and general condition of the patient with rapid disappearance of the bloody diarrhea suggest a mild degree of the disease.

Our patient is now followed clinically by assessment of physical growth (weight, height and weight for height) to identify early features of under growth, which may be due to the disease itself ⁽¹⁾, or due to the effect of treatment ⁽⁸⁾.

References

1. Martin Ulsben. Inflammatory bowel disease. Nelson textbook of Pediatrics, Behrman & Kliegman, 16th ed. Saunders; ch 283: pp 1080-83.

2. Braegger C. Immunopathogenesis of chronic inflammatory bowel disease. Acta Paediatr (Suppl) 1994; 395- 18.
3. Ekblom A, Helmick C, Zack M, et al. Ulcerative colitis and colorectal cancer. N Engl J Med 1990; 323- 1228.
4. Ferry GD, Kirschner BS, Grand RJ, et al. Olsalazine versus sulfasalazine in mild to moderate childhood ulcerative colitis. Results of the Pediatric Gastroenterology Collaborative Research Group Clinical Trial. J Pediatr Gastroenterol Nutr 1993; 17- 32.
5. Markowitz RL, Ment LR, Cryboski JD. Cerebral thromboembolic disease in pediatric and adult inflammatory bowel disease: Case report and review of the literature. J Pediatr Gastroenterol Nutr 1989; 8- 413.
6. North CS, Clouse RE, Spitznagel EL, et al. The relation of ulcerative colitis to psychiatric factors. A review of findings and methods. Am J psychol 1990; 147- 947.
7. Proujansky R, Fawcett PT, Gibney K M, et al. Examination of anti- neutrophil cytoplasmic antibodies in childhood inflammatory bowel disease. J Pediatr Gastroenterol Nutr 1993; 17- 193.
8. Statter MB, Hirschl RB, Coran AC. Inflammatory bowel disease. Pediatr Clin North Am 1993; 40- 1213.