

بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية التوثيق الالكتروني والميكرو فيلم



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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Colonoscopy versus bowel ultrasound in assessment of disease activity and severity in patients with Ulcerative Colitis

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List of abbreviations

5-ASA	5-aminosalicylate
ACP	American College of Physicians
ACS	American Cancer Society
ACT	Active Ulcerative Colitis Trial
AHA	American Heart Association
ANCA	antineutrophil cytoplasmic antibodies
anti-TNF	anti-tumor necrosis factor
APC	argon plasma coagulation
ASA	acetylsalicylic acid
ASCA	anti– <i>Saccharomyces cerevisiae</i> antibodies
ASLC	Acute self-limiting colitis
AVMs	arteriovenous malformations
BMI	body mass index
BWT	Bowel wall thickness
CBC	Complete blood cell
CD	Crohn disease
CDH1	Cadherin-1
CRP	c reactive protein
CT	computed tomography
DS	Doppler signal
ECDC	European Centre for Disease Prevention and Control
EMR	endoscopic mucosal resection
ESD	endoscopic submucosal dissection
ESR	erythrocyte sedimentation rate
FAP	familial adenomatous polyposis
FDA	food and drug administration
FOBT	fecal occult blood testing
FSFI	Female Sexual Function Index
GI	Gastrointestinal
GMA	granulocyte/monocyte apheresis
HAMA	human anti-mouse antibody
Hb	Hemoglobin
HMPAO	hexamethylpropylamine oxime
HNPCC	hereditary nonpolyposis colorectal cancer
IBD	inflammatory bowel disease
IBS	Irritable bowel syndrome
IgE	immunoglobulin E
IgG	immunoglobulin G
IMA	inferior mesenteric artery
IV	Intravenous

JAK	Janus kinase
MRI	magnetic resonance imaging
NSAID	nonsteroidal anti-inflammatory drug
PAF	platelet-activating factor
pANCA	perinuclear ANCA
PEG	polyethylene glycol
Plt	Platelets
PSC	Primary sclerosing cholangitis
PURSUIT	Program of Ulcerative Colitis Research Studies Utilizing an Investigational Treatment
SC	Subcutaneous
SMA	superior mesenteric artery
UC	Ulcerative colitis
US	ultrasonography
USPSTF	US Preventive Services Task Force
WBC	white blood counts
WHO	World Health Organization
WLS	wall layer stratification

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Introduction

Ulcerative colitis (UC) is a chronic inflammatory bowel disease (IBD) characterized by alternating periods of remission and relapse (**Langholz et al., 1991**). As ulcerative colitis (UC) is a disease affecting the superficial layers of colonic wall, mucosal healing is, theoretically, a more achievable result of therapy compared with the transmural inflammation of Crohn's disease; thus, endoscopic response is often a target in clinical trials (**Parente et al., 2009**).

In Egypt, IBD appears to be rare and there is no accurate registry or cohort of patients that has ever studied the exact prevalence of UC, but in a case-series study, there is marked increase in the frequency in the last 5 years with the ratio of patients diagnosed with UC to patients diagnosed with CD is approximately 6:1 and the mean age at diagnosis is (27.3) years with the male: female ratio is 1:1.15 (**Esmat et al., 2014**).

Clinical symptoms alone are no longer acceptable as the sole indicator of disease activity, but should be used in combination with objective markers that assess inflammation (**Peyrin-Biroulet et al., 2015**). Currently, colonoscopy is regarded as the most accurate objective measure of colorectal inflammation (**Dignass et al., 2012**).

Unfortunately, UC patients are often reluctant to be re-endoscoped during follow-up because of the invasiveness of the procedure and pain sensation during colonoscopy; thus, in clinical practice, response to medical therapy of these patients usually relies on clinical symptoms only. Even the addition of serological markers of inflammation adds little to conventional clinical scores for predicting clinical outcome (**Parente et al., 2010**).