Ashford and St. Peter's Hospitals
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Guidelines for the initial management of paediatric patients presenting with symptoms of Inflammatory Bowel Disease

Indication for use: Children aged 2 years -18 years where there is clinical concern of inflammatory bowel disease

National Institute for Health and Care Excellence (2019) Ulcerative Colitis (NICE Guideline 130)

National Institute for Health and Care Excellence (2019) Crohns Disease (NICE Guideline 129)

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What is IBD?

Inflammatory Bowel Disease is a chronic inflammatory condition of the GI tract that can be minimally grouped into either Crohn's Disease or Ulcerative Colitis.

Crohn's disease (CD) can involve any part of the GI tract, from the mouth to the anus and features transmural inflammation, granulomata and skip lesions. Ulcerative Colitis (UC) typically involves the colon extending proximally from the rectum for a variable distance with superficial and continuous lesions on endoscopy.

IBD in children commonly impacts upon growth, nutrition and pubertal development. Almost all children with CD and at least half of children with UC have poor weight gain or weight loss prior to diagnosis but this can also impact on their final adult height and have issues with delayed puberty.

Typical Presentation patterns

The classical symptoms in children with CD are abdominal pain, diarrhoea and weight loss, whilst typical symptoms in paediatric UC are abdominal pain and bloody diarrhoea. Atypical symptoms may include poor linear growth, delayed puberty, isolated perianal disease, or oral/perioral changes. In addition, some children may present with extra-intestinal symptoms prior to bowel symptoms (e.g. joint symptoms or rashes).

Children most commonly present with IBD in early adolescence. However, IBD can present at any age from early infancy onwards. Consequently, IBD needs to be considered across a range of presentations and ages. Depending on the presentation, differential diagnoses to be considered include Irritable Bowel Syndrome, Coeliac disease, infectious enteritis or colitis, carbohydrate intolerance, primary immune deficiencies or allergic processes.

Criteria for Admission:

1. Significant pain (requiring morphine)
2. Very frequent stooling or blood loss (sufficient to lead to anaemia, tachycardia or dehydration)
3. Features of Acute Severe Colitis (PUCAI Score >65). **All patients must have a PUCAI score.**

N.B Be aware that there may be an increased likelihood of needing surgery for people with any of the following:

- **stool frequency more than 8 per day**
- pyrexia
- tachycardia
- an abdominal X-ray showing colonic dilatation transverse colon>56mm or > 40 mm in children less than 10 years
- low albumin or Hb, high platelet count or CRP

Contact St Georges Gastroenterology Reg or Consultant via their switchboard on 0208 672 1255.

Let Dr Thakur know by e-mail about new presentations: alka.thakur@nhs.net

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Inflammatory Bowel Disease – Diagnostic Checklist

Patient Details

	Performed	Result checked
Plot on Growth Chart		
Immunisation History + Varicella History		
Risk factors for TB		
PUCAI/PCDAI on admission. IF >16 years old then assess on True Witt and Loves Scales.		
Dietician Referral		
Abdominal X-ray		
Stool M,C,S + C Diff (at least 2 separate occasions)		
Faecal Calprotectin (separate sample)		
FBC (**purple**)		
ESR (**purple**)		
TPMT Activity Assay (**purple – min 2ml**)		
Clotting Screen (**blue**)		
Coeliac Screen (**yellow**)		
Iron Studies/B12/Folate/U+E/ Bone Profile/CRP/LFT/Magnesium/Phosphate/Vitamin D (**yellow**)		
CMV IgG IgM/EBV (**yellow**)		

Bloods (3 x purple, 3 x yellow, 1 x red, 1 x blue)

Consider HIV1+2/Hep B+C/Quantiferon with the guidance of the relevant referral team

Paediatric Ulcerative Colitis Activity Index (PUCAI)

Disease severity is defined by the following scores:

- severe: 65 or above
- moderate: 35-64
- mild: 10-34
- remission (disease not active): below 10

Item	Category/Points
Abdominal pain	No pain = 0 Pain can be ignored = 5 Pain cannot be ignored = 10
Rectal bleeding	None = 0 Small amount only, in less than 50% of stools = 10 Small amount with most stools =20 Large amount (50% of the stool content) = 30
Stool consistency of most stools	Formed = 0 Partially formed = 5 Completely unformed = 10
Number of stools per 24 hours	0-2 = 0 points 3-5 = 5 points 6-8 = 10 points >8 = 15 points
Nocturnal stools (any episode causing wakening)	no = 0 points yes = 10 points
Activity Level	No limitation of activity = 0 Occasional limitation of activity = 5 Severe restricted activity = 10
	Sum of PUCAI (0-85)

PCDAI Calculator for Crohn's Disease

https://gastro.cchmc.org/calculators/pcdai/

References

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