

# Developments in understanding and management of inflammatory bowel disease

Inflammatory bowel disease represents a group of disorders still of unknown aetiology. In recent years, an enormous literature has developed representing increased understanding and better diagnosis and treatment. There is unquestionably a worldwide increase in the incidence of inflammatory bowel disease, particularly Crohn's disease. This increase occurred in parallel with the increased intake of a 'Western diet'.

The inflammation of inflammatory bowel disease appears to result from a triggering action of an environmental agent in a host that is genetically susceptible. This symposium in this issue concentrates on current medical and surgical management of inflammatory bowel disease.

## MEDICAL MANAGEMENT

Drs Thuraisingam and Leiper outline current medical management strategies for ulcerative colitis for both the acute exacerbation and maintenance of disease remission (p. 703). In addition they describe new biological therapies, such as epidermal growth factor enemas, which have been demonstrated to be effective in ulcerative colitis. In the future, advances in the knowledge of genetic and environmental factors, which to date have been difficult to translate into clinical practice, will ultimately lead to the development and use of further biological therapies.

In a second review article, the same authors describe the current medical management of Crohn's disease (p. 713). Crohn's disease is one of the few conditions in which the patient can choose from a number of fundamentally different therapies and treatment can be tailored for individual patient choice and response. Dr Gordon and Professor MacDonald elegantly

describe how advances in the understanding of the immunopathological basis of Crohn's disease are leading to the development of new biological therapies (p. 708). In particular, understanding of the key role of tumour necrosis factor-alpha has led to the introduction of infliximab into routine clinical practice. It is likely that further biological therapies will be increasingly used for Crohn's disease in the very near future.

## SURGICAL MANAGEMENT

Messrs. Bullen and Hershman review current views of surgical management of inflammatory bowel disease (p. 719), emphasizing the curative nature of surgery for ulcerative colitis with total colectomy, and the status of sphincter-sparing procedures for restoring intestinal continuity (ileoanal pouch). They also review surgery for Crohn's disease which has become as minimalist as possible with limited resections and stricturoplasties.

The last paper in the symposium reviews the developments that have occurred in minimal access surgery in the last 10 years (p. 724), and how these have been applied to surgery for inflammatory bowel disease. This type of surgery permits an often young and very sick patient with inflammatory bowel disease to have a

rapid recovery and a good cosmetic result. The importance of cosmesis for young people should not be undervalued, as this leads to an improved quality of life.

## CONCLUSION

Inflammatory bowel disease remains a significant challenge to both medical and surgical gastroenterologists. In the coming years, we will see an increased understanding of the aetiology of this condition and further refinements in medical treatment. Surgery for inflammatory bowel disease must remain a complementary treatment and not be regarded as a failure of medical management. Further advances in minimal access surgery make this prospect even more exciting. **HM**

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## Further reading

Allan RN, Rhodes JM, Haneuer SB, Keighley MRB, Alexander-Williams J, Fazio VW, eds (1997) *Inflammatory Bowel Disease*. Churchill Livingstone, Edinburgh  
Satsangi J, Sutherland L, eds (2003) *Inflammatory Bowel Diseases*. Churchill Livingstone, Philadelphia

## KEY POINTS

- Inflammatory bowel disease is increasing in incidence.
- Biological therapies are effective in Crohn's disease and are a promising future development for ulcerative colitis.
- Surgery will cure patients with ulcerative colitis.
- Minimal access surgery has benefits over open surgery for patients with inflammatory bowel disease.