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Ulcerative Colitis in Infant: A Case Report at the University Hospital Yalgado Ouedraogo, Ouagadougou in Burkina Faso

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Abstract

Ulcerative colitis (UC) is a chronic inflammatory bowel disease (IBD), characterized by acute exacerbations and remissions. We report the clinical case of an infant, an 8 months female baby. The time between disease onset and diagnosis of the disease was 6 months. It was from an unknown etiology. The main clinical picture was weight stagnation, mucoid bloody diarrhea, and rectal bleeding. The macroscopic aspect in anorectoscopy was an erythematous mucosa with healthy beaches intervals. The mucosa was bleeding easily on contact. Pathological examination realized within the various lesions of the association was highly suggestive. The suggested treatment was made of symptomatic, corticosteroids and immunosuppressant's therapy. Conclusion: Ulcerative colitis is rare in infants and difficult to manage in our tropical context.

Keywords

Ulcerative Colitis, Infant, Pediatric, Burkina Faso

1. Introduction

Ulcerative colitis (UC) is a chronic inflammatory bowel disease (IBD), characterized by acute exacerbations and remissions. It is rare in children [1] [2]. In Burkina Faso, two reported studies [3] of 2006 and 2010 involved only teenagers and adults. Therefore, we found it necessary to report the clinical case of an eight months infant. However, the main difficulty in our tropical area is the confusion that may occur between this pa-

thology and some tropical infectious diseases during the diagnosis.

2. Observation

Examination: S.M. is an 8 months female baby referred to the pediatric emergency of CHU YO for bloody stools, vomiting. Questioning revealed that the onset of symptoms went back to 10 days marked by bloody and mucoid diarrhea (6 stools per day on average).

This diarrhea motivated a consultation in a health center where she received metronidazole and fluconazol without success.

Medical background: pregnancy was well attended; childbirth was eutocic. The food was made from breast milk up to 6 months then fortified porridge. Weight and height growth showed poor weight gain. Medical follow up evidences from several consultations indicate a digestive infection since it has one month ago. S. M was the second in a family of two children, the eldest having 4 years; her father's was 38 years old and the mother's 31 years old. The parents were apparently healthy, without blood relative; no defect was observed, no similar cases in the family.

General examination: Weight 5.4 kg; size: 70 cm; ratio weight/height ≤ −3; a fever of 38.5˚C, respiratory frequency: 40 cycles/min; a tachycardia at 130 beats per minute; severe palmar and conjunctival pallor.

Gastrointestinal examination: The abdomen was normotensive, flexible, and compressible, it was not enlarged, palpation no mass noted.

Rectal examination anal margin was clean and showed no cracks, fistula, the empty rectum, anal sphincter tonic stall stained with blood.

Examination of other devices did not show unusual facts.

Laboratory tests: Blood count: leukocytosis 24.650/mm^3; severe microcytic and hypochromic anemia (Hb = 4g/dl); C Reactiv Protein: 60.62 ng/L. The stool examination was normal.

Anorectosigmoidoscopy found a burrowing ulcerated colitis with ranges of healthy mucosa and polypoid projections (Figure 1, Figure 2). The mucosa was bleeding in contact. The seat of the lesions were from 25 cm of the anus to the ascending colon.

Pathology: intestinal mucosa abraded by location; the lamina propria is the seat of a polymorphic inflammatory infiltrate. Microabscesses were observed. There was no malignancy characters.

Treatment: the basic of the therapy was symptomatic such as a lifestyle and dietary measures, the management of severe acute malnutrition; blood transfusion for anemia.

For the treatment of the ulcerative colitis she received prednisone for 11 weeks with no improvement. A second treatment with methylprednisolone associated with Colofome rectal cream was administered for 3 days. It was also a failure; then she received Azathioprine for 3 months; 5-amino salicylic acid (5-ASA) for 1 month.

Evolution: it was marked by spurts followed by shorter remission of 4 months. Nutritionally, there was a difficult recovery with relapse. The prognosis remains reserved in the long term given the frequency of relapses.

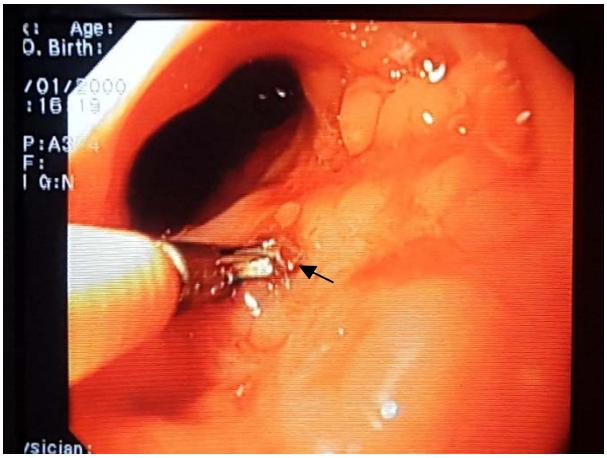

Figure 1. Ulcerative and pseudopolyp appearance.

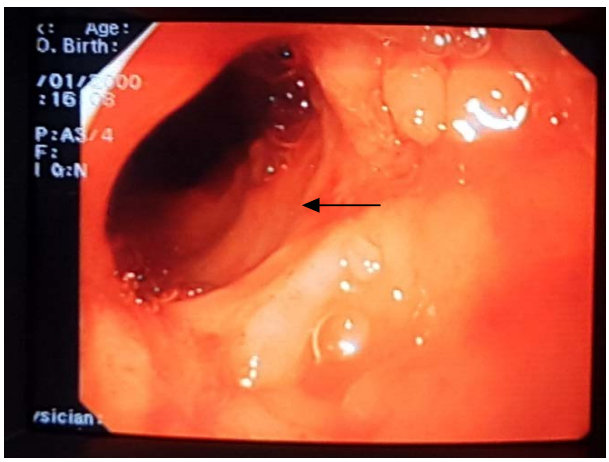

Figure 2. Erythematous-ulcerative appearance.

3. Discussion

Ulcerative colitis is rare in Africa and in addition in infants where the incidence is sometimes underestimated because of the coexistence with other parasitic diseases especially [3]-[5]. The interval between the onset of signs and diagnosis in our patient was 6 months and 1 month to 9 years in the literature [6]-[9]. It often occurs after a successful antiinfective therapy with negative results due to ulcerative colitis. The different characteristics of lesions described correspond to the different evolutionary stages of ulcerative colitis [2] [7] [10] [11]. The major obstacle of the therapy is the lake of an established protocol for infants, and this influenced the therapeutic path in our patient with periods of flares and remissions.

4. Conclusion

Ulcerative colitis is rather rare in infants. It is difficult to treat not only because of the limited capacity of our hospitals, but also because of the confusion with the symptoms of some tropical diseases.

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