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HPI: A 24-year-old man presents to the emergency department with complaints of having experienced abdominal pain and bloody diarrhea (six times/day) for the past few days. Recently, he has been experiencing fever, loss of appetite, fatigue, and unexplained weight loss. He was admitted to the hospital for an acute flare of his moderate ulcerative colitis.

Laboratory values: *C. difficile* negative; ESR 26 mm/hour; hs-CRP 7.2 mg/L; WBC 13.7; Hgb 12.8; Hct 34.3; Plt 242

Vital signs: BP 118/80 mm Hg; HR 70 beats/minute; RR 24 breaths/minute; Temp 37.5°C

PMH: Seasonal allergies, ulcerative colitis (extending to left-sided splenic flexure)

Social: (+) social drinking; (-) smoking. Lives with roommates; is a graduate school student with insurance

Allergies: Sulfa

Current medications: Loratadine prn, Pentasa (mesalamine)

1. What medication and dose should be initiated to treat an acute flare-up?
   Corticosteroids treat acute disease flares and inflammation. Prednisone 40–60 mg daily. However, patients should not be treated chronically with steroids. Dose tapering should start when symptoms improve.

2. What medication can be used to induce remission for refractory disease?
   Infliximab is effective in treatment and in maintaining remission in patients who respond to the infliximab induction regimen (evidence A). Infliximab is also very effective in the treatment of fistulizing Crohn disease.

3. What monitoring parameters need to be checked before starting the medication?
   PPD (purified protein derivative) needs to be checked because infliximab increases the risk of infection of intracellular pathogens, most notably tuberculosis (TB). Infliximab can in fact reactivate latent TB.

4. Which antibiotics can be used?
   Ciprofloxacin and metronidazole can be used in patients with severe colitis and high temperatures. Recall that this patient is allergic to sulfa agents.

5. What medications should be avoided?
   Anticholinergic, antidiarrheal agents, NSAIDs, and opioids should be discontinued because of the risk they carry of precipitating toxic megacolon. Sulfa-based agents should be avoided in this patient.

6. Would this patient be a candidate for surgery?
   Ulcerative colitis can be cured surgically by removing a portion of the colon, whereas Crohn disease cannot be surgically cured. Indications for surgery include severe colitis with or without toxic megacolon unresponsive to conventional maximal therapy, perforations, and hemorrhage. Other indications include less severe colitis but medically intractable symptoms or intolerable medication adverse effects (evidence C). Should this patient not respond to conventional therapy, as outlined earlier, or should he develop toxic megacolon, surgery would be an option.

Sources used: UpToDate.com [homepage on the Internet]. Waltham, MA: UpToDate. Available at www.uptodate.com. Accessed May 27, 2014; and Ulcerative Colitis Practice Guidelines in Adults. Available at http://s3.gi.org/physicians/guidelines/UlcerativeColitis.pdf. Accessed May 27, 2014.