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Special Issue Reprint

Inflammatory Bowel Disease

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Inflammatory bowel diseases (IBDs) are chronic inflammatory intestinal conditions of unknown cause. The main types are Crohn's disease (CD) and ulcerative colitis (UC). Diagnosis typically involves clinical symptoms, laboratory tests, and endoscopic features, along with radiological exams like magnetic resonance imaging (MRI) and computed tomography (CT) enterography, which are crucial for diagnosing and staging CD. CT is effective for evaluating disease activity and complications, such as fistulas and strictures, particularly in acute cases. However, MRI has increasingly replaced CT due to its comparable sensitivity, specificity, and accuracy in diagnosing CD and assessing disease activity without radiation exposure. IBDs require ongoing treatment to manage inflammation and prevent progression. The therapeutic options have expanded significantly with advanced therapies, including biological treatments and small molecules. Nevertheless, surgery remains necessary for complications like abscesses, fistulas, perforation, and strictures, which occur in 48%-52% of CD patients within five years, or for diseases that do not respond to medication. Regular monitoring and therapy adjustments are essential to assess treatment response and identify those needing surgery. This reprint provides information on clinical, diagnostic, and treatment methods for IBDs.

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