Ulcerative colitis is an idiopathic inflammatory, chronic, and relapsing bowel disease involving the mucosa and submucosa of the large bowel starting at the rectum. Acute disease occurring for the first time in pregnancy is not common and has the Truelove and Witt’s criteria for defining acute ulcerative colitis. Acute ulcerative colitis in pregnancy is difficult to diagnose and carries the risk of pre-term birth as well as fetal growth restriction along with fetal malformations if not treated aggressively. Drugs and investigations safe in pregnancy along with appropriate care of the patient can improve the pregnancy outcome and patient’s health. Chronic ulcerative colitis patients have exacerbations in pregnancy or early postpartum. These patients may have poor absorption in spite of proper medication and have difficulty in building up the hemoglobin levels during pregnancy. Here, we are reporting two cases, one each of acute as well as chronic ulcerative colitis in pregnancy with their investigations, treatment, and outcome in respect to maternal health during the entire pregnancy as well as fetal growth and complications.

**Key words:** Management, Pregnancy, Ulcerative colitis
the patient was referred back to the gastroenterologist for further management.

Case 2

A 27-year-old, known case of ulcerative colitis on treatment with oral mesalazine, containing 5-aminosalicylates (5-ASA) off and on whenever she was symptomatic, became pregnant. She was already under treatment and continued with the advice of the gastroenterologist. She was clinically asymptomatic when she became pregnant and had hemoglobin of 11 gms%, and weighed 50 kg. She needed admission only once during the pregnancy for severe pain abdomen with diarrhea and blood in the stools occasionally, she was treated with 5-ASA, and mesacol suppositories along with the other supportive treatments but did not require steroids. She was on proper medication and pregnancy care but her hemoglobin, which fell initially, did not rise in spite of iron supplements as expected. She was appropriately treated during pregnancy and did not face any untoward effects of the disease, her weight gain was also within normal limits and she delivered a 3.25 kg baby. Known cases of ulcerative colitis have roughly 30% chances of an exacerbation which is not infrequent in the first trimester but rarely, occurs in the second and third trimester. Pregnancy is not recommended unless the disease is inactive or quiescent as otherwise it will continue to be active or worsen during pregnancy. It is suggested that pregnant women with fulminant ulcerative colitis should have a cesarean section rather than risk the chances of sphincter damage during vaginal delivery as the surgical treatment of ulcerative colitis with ileal pouch construction requires an intact sphincter mechanism to be successful [3].
Upper gastrointestinal endoscopy and colonoscopy are safe during pregnancy with minimal fetal risk [6]. Drug regime is patient dependent but the amino salicylates (mesalamine, sulfasalazine), thiopurine, and antitumor necrosis factor classes are generally considered safe in pregnancy. Mesalazines are better tolerated orally than sulfasalazines and a daily dosage of 2-2.5 g should be generally effective but patients not responding may need higher doses. Mesacol enema and suppositories are required in the active phase of the disease with bloody diarrhea. Suppositories are known to have a better effect due to the availability of the medicine for a longer duration on the colonic mucosa for its anti-inflammatory effect by suppressing prostaglandin synthesis. Acute ulcerative colitis requires treatment with high dose IV corticosteroids. Various other drugs such as cyclosporine and infliximab are tried in patients unresponsive to corticosteroids. Active therapy and timing of the dosage can avoid treatment in the later weeks of pregnancy to prevent placental transfer of these drugs [7]. Primary management of ulcerative colitis is medical, and surgical indications are toxic colitis, perforation, bleeding, strictures, neoplasm, and failure of medical management. Ulcerative colitis has a 30% increased risk of developing colon cancer [7].

CONCLUSION

Ulcerative colitis patients have an exacerbation during pregnancy and early postpartum. Active ulcerative colitis presenting for the first time in pregnancy is rare and unusual, but active management during pregnancy can reduce the complications of premature birth and low birth weight besides other adverse effects on the fetus and the mother. Early admission in chronic ulcerative colitis with the aim of induction and maintenance of remission is very important for the well-being of the mother and the growing fetus.

REFERENCES


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