

Extraintestinal Manifestations of Inflammatory Bowel Disease

Inflammatory bowel disease (IBD) is an idiopathic disorder caused by a dysregulated immune response to host intestinal microbiota. The disease is characterized by acute and chronic inflammatory changes in the small and large bowels; in some cases, it may affect both. Various immune-mediated and environmental factors are involved in the pathogenesis of this disorder in genetically susceptible persons. The exact etiology of IBD is yet unknown.^[1-4] Recently, various studies revealed that genetic factors play a central role in the development of this disease. Genome-wide association studies have significantly advanced our understanding of the genetic susceptibility in IBD. Genomic studies have revealed numerous risks conferring loci in patients with IBD.^[5] The prevalence of IBD is increasing worldwide, including in the Middle Eastern countries and Saudi Arabia.^[6-8]

Extraintestinal manifestations (EIMs) or complications of IBD are often encountered in 25%–40% of patients with Crohn's disease and ulcerative colitis.^[9] EIMs can affect various organs, and their symptoms may occur even before the onset of gastrointestinal symptoms. The skin, eyes, liver and joints are considered the most commonly involved sites of manifestations, whereas other organs such as lungs, kidneys and pancreas are rarely involved. Some EIMs such as arthritis, erythema nodosum and aphthous ulcers are associated with disease activity.^[10-12] Early involvement of specialists in the management of affected organs is advised.

In the current issue, Dr. Vito Annese discusses and reviews the prevalence, clinical features, diagnosis and management of EIMs in IBD.

Abdulaziz A. Al-Quorain

Department of Internal Medicine, Division of Gastroenterology and Hepatology, College of Medicine, Imam Abdulrahman Bin Faisal University, Dammam, Kingdom of Saudi Arabia

Address for correspondence:

Prof. Abdulaziz A. Al-Quorain,
College of Medicine, Imam Abdulrahman Bin Faisal University, Dammam,
Kingdom of Saudi Arabia.
E-mail: aquorain@iau.edu.sa

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