International Journal Dental and Medical Sciences Research
Volume 7, Issue 4, July – Aug. 2025 pp 29-30 www.ijdmsrjournal.com ISSN: 2582-6018

Inflammatory Colitis Surgery in Children: A Retrospective Study of 13 Cases

H.Zitan, M.Lazrak, I.Benomar, M.Kisra
Department of Surgery"A" ---Children's Hospital of Rabat

Date of Submission: 01-07-2025 Date of Acceptance: 10-07-2025

ABSTRACT
Background: Inflammatory colitis, including ulcerative colitis and Crohn's disease, remains rare in children, but its prevalence is increasing. In severe or refractory cases, surgery becomes necessary. This study presents a retrospective review of 13 pediatric cases of inflammatory colitis treated surgically.
Methods: We conducted a retrospective study of 13 children operated on between 1997 and 2009 in the pediatric surgery department of Rabat University Hospital. We analyzed clinical presentation, indications for surgery, procedures performed, and postoperative outcomes.
Results: The cohort included 7 cases of ulcerative colitis and 6 cases of Crohn's disease. The average age at diagnosis was 10.3 years. Main symptoms included abdominal pain, diarrhea, rectal bleeding, and failure to thrive. Indications for surgery were acute complications and failure of medical treatment. Surgical procedures included colectomy, ileostomy, and segmental resections. The outcomes were favorable in the majority of cases.
Conclusion: Surgery remains an essential option for managing severe or complicated colitis in children. Early recognition and multidisciplinary care are vital to optimize outcomes.
Keywords: Paediatric inflammatory bowel disease; Ulcerative colitis; Cohn's disease; Surgery; Case series.

I. INTRODUCTION

Inflammatory bowel diseases (IBD), notably ulcerative colitis and Crohn'sdisease, are chronic inflammatory disorders of the gastrointestinal tract. Although rare in pediatric populations, their incidence is rising. Medical therapy is the first-line treatment, but surgery is indicated in cases of complications, resistance, or intolerance to treatment. This study aims to highlight the surgical management and outcomes in children with IBD.

II. PATIENTS AND METHODS

We conducted a retrospective study of 13 pediatric patients managed for inflammatory colitis at the Pediatric Surgery Department of CHU Rabat from 1997 to 2009. Data were collected from hospital records, including patient demographics, clinical signs, endoscopic and histologic findings, type and timing of surgery, and postoperative evolution. All patients were managed in collaboration with paediatric gastroenterologists.

III. RESULTS

Among the 13 cases, 7 had ulcerative colitis and 6 had Cohn's disease. The mean age at diagnosis was 10.3 years (range: 5–15 years), with a male predominance. Symptoms included abdominal pain (85%), bloody diarrhoea (62%), weight loss (46%), and perianal disease (in Cohn's cases). Indications for surgery included toxic mega colon, intestinal perforation, refractory disease, and growth delay.

Surgical procedures performed were: 6 total colectomies (with or without ileostomy), 3 right hemicolectomies, 3 segmental resections, and 1 appendectomy for diagnostic purposes. Postoperative evolution was favorable in 11 cases; 2 had complications requiring re-intervention. Histopathological findings confirmed chronic inflammation.

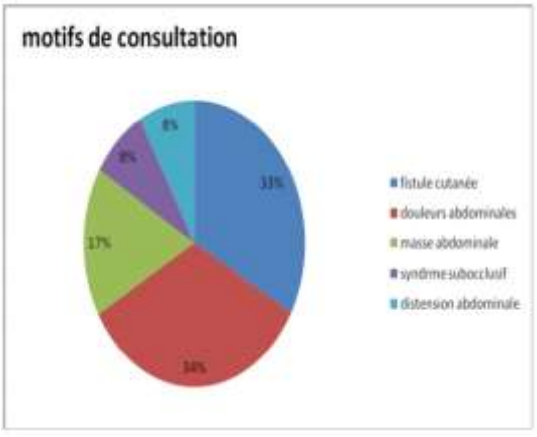

Figure 1.Distributionof clinical symptoms at presentation.

International Journal Dental and Medical Sciences Research
Volume 7, Issue 4, July – Aug. 2025 pp 29-30 www.ijdmsrjournal.com ISSN: 2582-6018

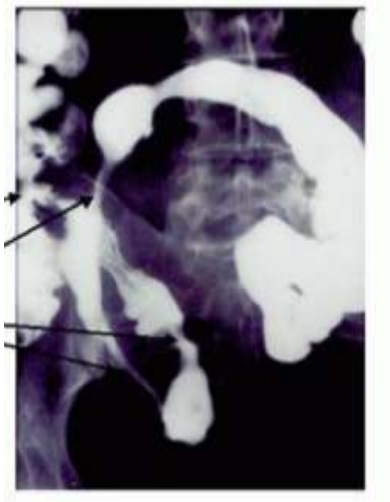

Figure 2. Contrast enema showing ulceronodular appearance of Crohn's disease.

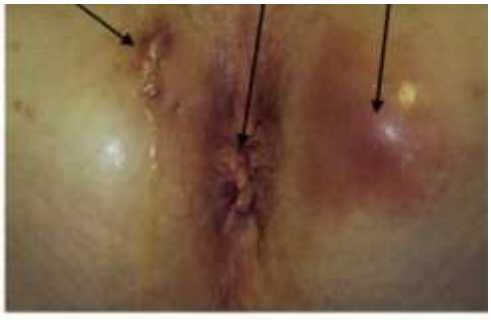

Figure 3.Perianal abscesses and cutaneous fistula in a child with Crohn's disease.

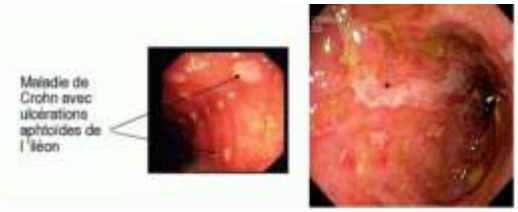

Figure 4. Endoscopic view showing aphthous ulcers in ilealCohn's disease

IV. DISCUSSION

Surgical intervention in pediatric inflammatory colitis is reserved for specific indications such as life-threatening complications or treatment failure. In our series, colectomy was the most frequent procedure in ulcerative colitis, while segmental resections predominated in Crohn's disease. Our results align with literature showing that surgery can significantly improve symptoms and quality of life. However, postoperative complications and recurrence risks, particularly in Crohn's disease, remain a concern. Long-term follow-up and a multidisciplinary approach are essential for optimal care.

V. CONCLUSION

Although rare, surgical management of inflammatory colitis in children plays a crucial role in selected cases. Our experience demonstrates that appropriate surgical intervention can lead to favorable outcomes. It is imperative to consider surgery as part of a global management plan involving pediatricians, surgeons, and gastroenterologists.

REFERENCES

[1]. Ruemmele FM, et al. Pediatric inflammatory bowel disease: characteristics and management. World J Gastroenterol. 2014.
[2]. Bousvaros A, et al. Surgery for pediatric IBD: indications and outcomes. J PediatrGastroenterolNutr. 2012.
[3]. Sauer CG, et al. Surgical options in pediatric IBD. CurrOpinPediatr. 2016.
[4]. Kugathasan S, et al. Epidemiologic and clinical characteristics of children with newly diagnosed inflammatory bowel disease. JAMA. 2007.
[5]. Turner D, et al. Management of pediatricCrohn's disease. J Pediatr. 2013.
[6]. Griffiths AM. Specificities of inflammatory bowel disease in childhood. Best Pract Res ClinGastroenterol. 2004.
[7]. OrholmM,binder V, sorensen TI, et al. Concordance of inflammatory bowel disease among danish twins. Results of a nationwide study.Scand J gastroenterol2000 ; 35 : 1075-81
[8]. Régimbeau J.M., Panis Y., De Parades V., Marteau P., Valleur P. 2000. Manifestations ano-périnéales de la maladie de Crohn. Gastroenterol Clin Biol 24 : 36-47
[9]. Bost M et coll. La recto-colite hémorragique chez l'enfant. étude de 17 observations pédiatrie T XXVIII, 1973, N° : 6,591, 608.