Inflammatory Bowel Disease in Hong Kong Chinese Children: A 10-year Experience in a University Hospital

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Crohn's disease (CD) and ulcerative colitis (UC), that are collectively known as inflammatory bowel disease (IBD), are uncommonly seen in Asian paediatric population. We have retrospectively reviewed paediatric IBD patients managed in our hospital in the last 10 years.

Methods: Retrospective review of patients diagnosed to have IBD before the age of 15 with focus on clinical presentations and outcomes.

Results: 7 CD and 2 UC patients were identified. Mean age of onset of symptoms for CD was 10.7 years while the 2 UC patients presented at 33 months and 10 years old respectively. Mean time interval between onset of symptoms and diagnosis made was 20.4 months. Two CD patients were misdiagnosed to have TB colitis initially. Pathology patterns for CD were isolated small bowel disease in 2/7, isolated colonic disease in 1/7 and 4/7 with both terminal ileum and colon involvement. Two UC patients had proximal extent of involvement to descending and transverse colon respectively. Anaemia, thrombocytosis, high ESR and hypoalbuminaemia were the most consistently abnormal biochemical results at presentation. 8/9 patients had remission of symptoms at 3 months after medical therapy. One CD patient underwent surgical intervention because of failure of medical treatment and growth failure. In majority of patients the disease ran a chronic intermittent course. Two patients were complicated with psychiatric disorders requiring specific therapy. Conclusions: IBD is an uncommon disease in our paediatric population and delay in diagnosis has been significant. Accumulation of experience and high index of suspicion improve the diagnosis. Management strategy should include medical, surgical and psychosocial aspects. (HK J Paediatr (new series) 2003;8:336-340)

Key words: Children; Chinese; Inflammatory bowel disease