LIVER DISEASE AND IBD

Several complications of IBD are related to the liver and the biliary system, which are closely interconnected with the intestine. The liver acts as a "processing plant" in the body, taking what we ingest and breaking it down. It then sends some of that material to blood cells throughout the body. The rest is filtered out and eliminated as waste. The liver also produces cholesterol, acids, and bile salts that are stored in the gallbladder until they are required to help break down digested fat. The function of the bile ducts is to transport bile or waste from the liver to the upper small intestine. The pancreas, which is connected to the same common bile duct as the liver and gallbladder, also transports enzymes to the intestines to break down food.

The liver may develop active inflammation, which usually subsides with appropriate treatment of IBD. Serious disease involving the liver affects only about 5% of people with IBD.

- Low energy and fatigue tend to be the most common symptoms.
- Symptoms of more advanced liver disease include itching, jaundice, fluid retention, fatigue, and a feeling of fullness in the upper abdomen.
- Blood tests can usually confirm the presence of liver disease, although an ultrasound, X-ray, or liver biopsy may be necessary to make the definitive diagnosis.

FATTY LIVER DISEASE (HEPATCI STEATOSIS)

This is the most common liver complication of IBD and a relatively harmless one, affecting people with ulcerative colitis and Crohn's disease equally. However, the condition also is linked with many other unrelated conditions—including pregnancy, diabetes, and obesity. Fatty liver is caused by an abnormality in liver metabolism that results in the accumulation of fat. Because it is a fairly minor problem and causes no symptoms, it generally does not require any treatment. It also does not progress to chronic liver disease. In some cases, doctors may prescribe steroids for steatosis.

PRIMARY SCLEROSING CHOLANGITIS (PSC)

This condition is a particular form of severe inflammation and scarring that develops in the bile ducts. About half of all PSC patients have IBD. PSC occurs more frequently in people with ulcerative colitis than in those with Crohn's disease, affecting men more than women. Symptoms include jaundice, nausea, weight loss, and itching. PSC may not improve with medical treatment for IBD and may ultimately require liver transplantation. The cause is not known and there is no effective medication for PSC. To correct severe narrowing of the bile ducts, a balloon-tipped tube may be inserted into the duct to enlarge it. Fortunately, the incidence of PSC is rare among people with IBD: Only about 5% of ulcerative colitis patients (and those are individuals with extensive disease) and 1% of Crohn's disease patients develop this condition. On extremely rare occasions, cancer of the bile ducts (cholangiocarcinoma) may develop. There is also an increased incidence of cancer of the colon in IBD patients who have sclerosing cholangitis.

GALLSTONES

The gallbladder is a sac attached below the liver to the common bile duct. Gallstones form when bile (the liquid stored in the gallbladder that is used to help the body digest fats) hardens into pieces of stone-like material (mainly hardened cholesterol). When stones block the mouth of the gallbladder, they may cause severe pain— particularly after eating fatty foods. Gallstones occur in 13% to 34% of Crohn's patients with disease of the terminal ileum (the last segment of the small intestine). This group is at increased risk for

developing gallstones because the diseased terminal ileum cannot absorb bile salts, which are necessary to allow cholesterol to dissolve in bile. Ultrasound confirms the presence of gallstones. Treatment for symptomatic gallstones ranges from medications to surgical removal.

PANCREATITIS

In some cases, this inflammation of the pancreas may be related to gallstones. In others, it may be a side effect of immunomodulators or mesalamine used to treat IBD, requiring discontinuation of the drug in question. Even after the pancreatitis is resolved, the drug should not be reinstituted. If gallstones are the cause, a stone may have passed down the common bile duct to the area where it joins the pancreas. Symptoms include severe abdominal pain, nausea, vomiting, and fever. Surgical removal of the stone resolves the inflammation.

CHRONIC ACTIVE HEPATITIS

This is chronic hepatitis from Hepatitis B or C infection and is unusual in people with IBD. If it does occur, it is more common in those with ulcerative colitis than in those with Crohn's disease. Antiviral therapy may be helpful.

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