



Clinical Features and Long Term Management of Ulcerative Colitis

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DESCRIPTION

Ulcerative colitis is a chronic inflammatory condition that affects the large intestine and rectum, leading to persistent inflammation and ulcer formation along the inner lining of the bowel. It is a lifelong disease marked by periods of active symptoms and periods of remission. The condition most commonly begins in early adulthood but can occur at any age, significantly affecting physical health, emotional well-being and quality of life. Although the exact cause remains unclear, ulcerative colitis is believed to result from an abnormal immune response in genetically susceptible individuals, influenced by environmental and lifestyle factors.

The inflammation in ulcerative colitis typically starts in the rectum and extends continuously through part or all of the colon. This continuous pattern distinguishes it from other inflammatory bowel conditions. The inflamed mucosa becomes fragile and prone to bleeding, resulting in symptoms such as frequent diarrhoea, blood and mucus in the stool, abdominal pain and an urgent need to pass stools. Fatigue and weight loss are common during active disease due to ongoing inflammation and reduced nutrient absorption. The severity of symptoms can vary widely among individuals, ranging from mild discomfort to severe illness requiring hospitalization.

Ulcerative colitis has a complex interaction with the immune system. In affected individuals, immune cells mistakenly attack the intestinal lining, leading to chronic inflammation. This persistent immune activity damages the protective barrier of the colon, allowing bacteria and toxins to penetrate deeper layers and worsen inflammation. Over time, repeated inflammatory episodes can cause structural changes in the colon, including shortening and loss of normal function. Understanding these mechanisms has been essential for

developing treatments that aim to suppress excessive immune activity and restore intestinal balance.

Diagnosis of ulcerative colitis involves a combination of clinical evaluation, laboratory testing, imaging studies and endoscopic examination of the colon. Direct visualization allows assessment of disease extent and severity, as well as tissue sampling to confirm inflammation and exclude other conditions. Early and accurate diagnosis is important to initiate appropriate therapy and prevent complications. Disease activity is monitored over time to guide treatment adjustments and detect complications such as strictures or cancer development.

The management of ulcerative colitis focuses on inducing and maintaining remission, reducing inflammation and improving quality of life. Treatment options include anti-inflammatory medications, immune-modulating therapies and advanced biological agents for moderate to severe disease. Lifestyle modifications, including stress management, balanced nutrition and regular medical follow-up, support medical therapy and help reduce symptom burden. While medication effectively controls symptoms in many patients, some individuals experience refractory disease that does not respond to standard treatment.

Complications of ulcerative colitis may arise from long-standing inflammation or severe disease activity. These include severe bleeding, toxic dilation of the colon and an increased risk of colon cancer. The risk of cancer increases with disease duration and extent, highlighting the importance of regular surveillance. Extraintestinal manifestations can also occur, affecting the joints, skin, eyes and liver. These manifestations reflect the systemic nature of the inflammatory process and require coordinated care across medical specialties.

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Surgical intervention may be necessary for patients with severe complications or treatment-resistant disease. Removal of the colon can eliminate intestinal inflammation and effectively cure ulcerative colitis, though it introduces new challenges related to bowel function and lifestyle adaptation. Advances in surgical techniques have improved outcomes and quality of life for patients who require surgery. Decisions regarding surgery are made collaboratively, considering disease severity, patient preference and long-term health goals.

Living with ulcerative colitis requires ongoing disease management and patient engagement. Education plays a critical role in helping individuals recognize early signs of relapse, adhere to treatment and make informed lifestyle choices. Psychological support is equally important, as chronic illness can lead to anxiety, depression and social limitations.

Multidisciplinary care involving gastroenterologists, dietitians, mental health professionals and primary care providers offers comprehensive support for affected individuals.

In conclusion, ulcerative colitis is a chronic inflammatory disease of the large intestine that presents significant challenges for patients and healthcare systems. Its relapsing nature, potential complications and impact on daily life underscore the need for early diagnosis, individualized treatment and long-term monitoring. Advances in understanding immune mechanisms and therapeutic options have improved disease control and patient outcomes. With appropriate medical care, lifestyle support and surveillance, many individuals with ulcerative colitis can achieve sustained remission and maintain a good quality of life despite the chronic nature of the disease.