

ULCERATIVE COLITIS IN MALAYSIANS: A REVIEW OF 23 PATIENTS

Thein-Htut, M V Kudva

ABSTRACT

Twenty-three patients with ulcerative colitis are reported from Kuala Lumpur, Malaysia. Sixteen were newly diagnosed over a six-year period between 1982 and 1987. The disease was commoner in men (16 men : 7 women). The peak age of onset was in the third decade. The ethnic distribution of the patients was 10 Malays, eight Indians and five Chinese making the disease relatively commoner amongst Indians. The extent of colonic involvement varied and six (26%) had a total colitis. Extra-intestinal manifestations were seen in seven patients. Diagnosis was delayed for over 10 years in four.

Colorectal cancer was not seen. There was no mortality. Ulcerative colitis remains an uncommon disease amongst Malaysians. During the same period, only four male patients with Crohn's colitis were seen.

Key Words: Ulcerative Colitis, Malaysians

SING MED J. 1989; NO 30: 385-387

INTRODUCTION

Ulcerative colitis is an uncommon disease amongst Orientals. Although large series of patients have been reported from India (1, 2), there have been very few reports from South-East Asia. Sixty one patients were seen over a 16-year period from 1971 — 1986 in Singapore (3). Prior to this only 10 patients were diagnosed in Singapore over a 14-year period (4). Only 18 Chinese patients were seen in Hong Kong over a 30-year period (5). Ninety-three patients were seen over a 10 1/2-year period in Bangkok (6). Only one Burmese patient was seen in Rangoon over a period of five years (unpublished observations). From Malaysia, Ti has reported 10 patients with ulcerative colitis out of 92 with inflammatory diseases of the bowel seen over a 10-year period from 1968-1977 at the University of Malaya, Kuala Lumpur (7).

The gastroenterology unit of the Department of Medicine, National University of Malaysia is one of the referral centres in Kuala Lumpur. Our patients are admitted to the Kuala Lumpur General Hospital. We studied ulcerative colitis patients under our care to determine their disease patterns and the distribution of the disease amongst the main ethnic groups of Malaysians.

Alice Springs Hospital
Alice Springs NT 0870
Australia

Thein-Htut, MBBS (Rangoon), FRCP (Edin)
Specialist Physician

Department of Medicine
Faculty of Medicine
National University of Malaysia
Jalan Raja Muda
50300 Kuala Lumpur
Malaysia

M V Kudva, MBBS (Mal), MRCP (UK), MRCP
Lecturer

Correspondence to: Dr Kudva

PATIENTS AND METHODS

Over a six-year period from 1982 to 1987, 23 adult patients with ulcerative colitis came under our care. Seven had been diagnosed prior to 1982 whilst the remaining 16 presented subsequently.

The diagnosis was based on the following criteria:- (1) a clinical evaluation, (2) exclusion of parasitic and bacterial infections by repeated stool microscopy and stool cultures, (3) appearances of rectal mucosa on rigid sigmoidoscopy and (4) the histological appearances of rectal biopsy specimens.

The extent of colonic involvement was assessed by colonoscopy or barium enema X-rays or a combination of both. The findings at the most recent investigation were taken.

Sigmoidoscopy was repeated whenever a clinical relapse occurred. At the same time, a rectal biopsy was taken and rectal swabs examined microscopically and cultured for pathogens.

RESULTS

Of the 23 patients, 16 were men and seven were women with a female: male ratio of 0.44. The mean age of onset was 31 years (range 18-80 years) and the median 27 years and the mode 23 years (Table 1).

All were native-born Malaysians. There were 10 Malays, eight Indians (including three Sikhs) and five Chinese.

Clinical presentation:

Seventeen presented with diarrhoea which was either bloody or watery. Four had fresh rectal bleeding without diarrhoea. Of the remaining two, one had a fulminant colitis whilst the other presented with constipation and severe pain in the left iliac fossa.

Extent of colonic involvement:

Six (26%) had a total colitis. The disease extended till the hepatic flexure in one and to the mid-transverse colon in seven. A left-sided colitis to the splenic flexure was seen in four whilst only the recto-sigmoid was involved in four. The remaining patient refused both colonoscopy and radiology.

Extraintestinal manifestations:

These were seen in seven. Five had arthritis with peripheral joint involvement in three, a sacroiliitis in one and both peripheral joint and sacroiliac joint involvement in one. Two had ureteric calculi. No patient had involvement of the hepato-biliary system, the skin or the eyes.

Interval between onset of symptoms and diagnosis:

Sixteen patients had their illness diagnosed within a year of development of symptoms. Diagnosis was delayed for up to two years in two and for seven years in one. In four, there was a delay of more than 10 years, and in one of these the diagnosis was made only 17 years after onset of symptoms.

The longest duration of illness — 27 years — is in an Indian man in whom the diagnosis was made in 1960 at the age of 24. A colonoscopy in 1986 showed histological colitis to the mid-transverse colon but no evidence of dysplasia. He has oxalate ureteric stones. There had been fixed drug eruptions due to sulphasalazine and these resolved after changing therapy to mesalazine.

The oldest patient is a Malay man who presented in 1982 at the age of 80 with a three-month history of watery diarrhoea. Barium enema X-rays showed a total colitis and there was a satisfactory response to oral and rectal steroids. He has now been on maintenance sulphasalazine for five years.

Two women had uncomplicated pregnancies and deliveries during the study period. No case of colorectal cancer was seen. There have been no deaths.

DISCUSSION

Ulcerative colitis remains an uncommon disease amongst Malaysians, with only 16 new patients being diagnosed over a six-year period at a referral centre in Kuala Lumpur. Because of its rarity, and because it was confused with intestinal infections and 'piles' a specific diagnosis was not made for over 10 years in four patients.

The disease was more commoner in males, whereas in the Singapore study the sex distribution was almost equal (3). Ti did not give the sex distribution of his 10 Malaysian patients (7). Although most centres had previously reported a predominance of females, more recent reports have found an almost equal sex distribution (8). The peak age of onset in this study was the third decade, and this is in agreement with other reports (9). However, a bimodal pattern of age distribution was not found here, and the numbers are too small for comment.

Amongst the ethnic groups in Malaysia, Indians appear to be most commonly affected when comparing their number to their distribution in the population of Kuala Lumpur and in hospital admissions (Table 2). This predominance of Indian patients was also reported by others (3, 4, 7). Thus, genetic factors might be more important than environmental factors in the pathogenesis of ulcerative colitis. Although Sikhs comprise less than 1% of the Malaysian population, there were three Sikh patients (13%) who have been listed as a subgroup of the Indian patients. Is the disease commoner amongst Sikhs because they are descended from Caucasian stock? We cannot comment further because of the small patient number.

The extent of colonic involvement varied from patient to patient. The extent of colonic involvement in our study was similar to that found in Singapore (3) with a fifth of patients having disease limited to the sigmoid colon, and a quarter having total colitis. Dysplasia and malignant change have not yet been found in any of them probably because of the relatively short duration of their illnesses. One of the 10 Chinese patients reported from Singapore did develop colonic carcinoma after nine years (4). We plan to carry out colonoscopies every two years on

patients with colitis of over 10 years' duration to screen for dysplasia (10).

Extraintestinal manifestations were not common. Arthritis was seen in only five patients (22%). In the Singapore study (3) extraintestinal manifestations were similarly uncommon, with the three commonest being backache (8.2%), peripheral arthritis (6.5%) and iritis (6.5%). Ureteric stones were detected in only two (8.6%).

During the six-year period, we have diagnosed Crohn's colitis in only four native-born Malaysians, all males. Three presented with watery diarrhoea and diagnosis was made by colonoscopy and biopsy. One had a mass in the right iliac fossa needing a right hemicolectomy. None had small bowel involvement. There were two Malays, one Chinese and one Sikh. Thus ulcerative colitis, although quite rare amongst Malaysians, is still relatively commoner than Crohn's colitis.

ACKNOWLEDGEMENT

The authors wish to thank Ms Poh Siew Kuan for assistance rendered in typing the manuscript and the Dean, Faculty of Medicine, National University of Malaysia, for permission to publish this article.

TABLE 1
AGE AT ONSET AND SEX OF 23 PATIENTS
WITH ULCERATIVE COLITIS

Age	Male	Female	Total
60 and above	1 (80)	—	1
50-59	1	—	1
40-49	1	1	2
30-39	3	1	4
20-29	9	4	13
10-19	1	1	2
Total	16	7	23

TABLE 2
ETHNIC DISTRIBUTION OF
ULCERATIVE COLITIS PATIENTS,
HOSPITAL ADMISSIONS AND
THE POPULATION OF KUALA LUMPUR

	Malays (%)	Chinese (%)	Indians (%)
Colitis patients :	43	22	35
Hospital admissions:	44	29	27
Population of Kuala Lumpur :	33	53	14

REFERENCES

1. Tandon BN, Mathur AK, Mohapatra LA, Tandon HD, Wig KL: A study of the prevalence and clinical pattern of non-specific ulcerative colitis in northern India. *Gut* 1965; 6:448-53
2. Chuttani HK, Nigam SP, Sama SK, Dhanda PC, Gupta PS: Ulcerative Colitis in the Tropics. *Br Med J* 1967; 4:204-7
3. Teh LB, Koh D, Ng HS et al: Ulcerative colitis in Singapore: A clinical study of sixty-one patients. *Ann Acad Med Singapore* 1987; 16:474-9
4. Fung WP, Monteiro EH, Murugasu JJ, Ng KC, Kho KM, Lee SK: Non-specific Ulcerative Colitis in Chinese and Indians in Singapore. *Med J Aust* 1971; 2:361-5
5. Lai CL, Wu PC, Wong KL, Lok ASF: Clinical features of ulcerative proctocolitis in Hong Kong Chinese: A review of three decades. *American Journal of Proctology, Gastroenterology & Colon & Rectal Surgery* 1985; 1:14-9
6. Viranuvatti V, Damrongsak C, Hitanant S et al: Ulcerative Colitis in Thailand. *J Med Assoc Thai* 1975; 58:312-6
7. Ti TK: Inflammatory diseases of the bowel: A Malaysian experience. *Aust NZ J Surg* 1979; 4:428-31
8. Fielding JF. Clinical Features of Ulcerative Colitis. In: Misiewicz JJ, Pounder RE, Venables CW. eds. *Diseases of the gut and pancreas*. Oxford: Blackwell Scientific Publications 1987; 725-44
9. Calkins BM, Mendeloff AI: Epidemiology of Inflammatory Bowel Disease. *Epidemiol Rev* 1986; 8:60-91
10. Lennard-Jones JE, Morson BS, Ritchie JK, Williams CB: Cancer surveillance in ulcerative colitis, experience over 15 years. *Lancet* 1983; ii:149-52