



Colon and Rectal Surgery

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FIG. 15-63. Crohn's disease. Severe wasting in a 17-year-old girl, who looks much younger. Note the external abdominal wall fistula. (Corman ML, Veidenheimer MC, Nugent FW et al: *Diseases of the Anus, Rectum and Colon. Part II: Non-specific inflammatory bowel disease.* New York, Medcom, 1976)

pregnancy in the healthy woman.²⁸⁵ Levy and associates reviewed 60 pregnancies in 31 ulcerative colitis patients in a retrospective fashion.¹⁷¹ Twenty percent were improved, 18% deteriorated, and 62% demonstrated no change during the course of the pregnancy. Fourteen percent ended by spontaneous and two by artificial abortions. One premature birth was noted in 50 full-term deliveries. All of the births resulted in normal children. The authors concluded that pregnancy did not seem to aggravate the course of preexisting ulcerative colitis, nor did the colitis interfere with the outcome of the pregnancy.

Crohn and associates reported 74 pregnancies in 47 women whose colitis was inactive at the time of conception.⁵¹ All subsequent therapeutic and spontaneous abortions (including one stillbirth) occurred in patients in whom the colitis became activated. There was no difference in the incidence of abortion in patients whose conception took place during an active phase of colitis when compared with those whose colitis was inactive at the time of conception. These observations have been confirmed by others.⁶¹

What happens to the colitis in patients who are pregnant? Zetzel reviewed a number of reported series

and found it helpful to group the pregnant patient into several categories.²⁸⁵ Only 30% of patients in whom pregnancy developed in a quiescent phase of the colitis had an exacerbation of their disease, but 60% of patients developed an exacerbation when the pregnancy occurred during an active phase of the inflammatory bowel disease. In patients whose colitis developed initially during pregnancy or in the postpartum period, a particularly severe result was noted: over 60% had worsening of their symptoms.

In the management of a colitis patient who is contemplating pregnancy, there is no justification for suggesting that the patient avoid attempts at conception. As mentioned, patients who have a quiescent form of the disease are unlikely to experience problems with the subsequent pregnancy and delivery. Conversely, if the patient is experiencing an exacerbation of the colitis, the patient's own illness may preclude the possibility of becoming pregnant. If the disease is more than moderately active, Zetzel counsels a temporary waiting period and introduction of appropriate medical therapy to secure a remission.²⁸⁵ However, even in this situation the chances of a normal pregnancy and delivery approximate 50%²⁸⁵; certainly, if the prospective parents

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