Ulcerative Colitis in an African

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Ulcerative colitis appears to be a very rare disease in the Rhodesian African. In the past we have considered the condition on occasions, but usually there were one or two features which have made us hesitant of making a confident diagnosis. One such case in an African male had so acute an onset that one of us (M.G.) was doubtful of accepting the diagnosis, though the cause of the disorder would have fitted in very well with it. There were numerous polypi along the length of the colon, but we could not be certain whether they were the result of a long-standing ulcerative condition of the colon (which we favoured) or a true polyposis. However, we believe that the case described below is typical of ulcerative colitis.

CASE ILLUSTRATION

The patient was a Shona aged about 44 years, who lived in a traditional environment at Kampoperi village, in the district of Rusape. He was previously employed as a waiter in a hotel in Bulawayo. In 1961 he sustained an accident in which his right tibia was fractured. He was a married man with seven children and stated that he was happy in his home life.

He first became ill with loose motions several months before admission and was inclined to vomit after his meals. A week before he was admitted to hospital he began to experience over his precordium a rather severe burning pain which tended to keep him awake at night. He began to lose much weight.

On examination, the patient was an intelligent man, still traditional in outlook and anxious about
his condition. The stools he passed in hospital before treatment was commenced consisted entirely of a mixture of mucus and blood—these resembling a soft brownish jelly, but with no faecal elements in them. On abdominal examination he was tender in the upper abdomen and the liver was slightly enlarged and tender. The spleen was not palpable. The cardiovascular and respiratory systems showed no abnormality. The lung fields were clear and the heart normal in size and shape. Sigmoidoscopy revealed a reddened mucosa with a granular appearance and with several bleeding points. The sigmoidoscope was passed at 20 cm. and no growth was seen. A sample of the mucosal pus was removed and viewed immediately under the microscope, but no amoebae were found. A mucosal snip was taken and the microscopical report on the tissue was: "There is a moderate plasma cell infiltration of the lamina propria, consistent with subacute inflammation, but no ulceration is seen." No bilharzial ova were found in another snip. A number of stools were sent to the laboratory and tested while still warm, but at no time were amoebae found. The total fatty acids of the stool in 24 hours were 4.3 G. per cent. The D-xylose absorption in five hours was 8.12 G. (normal). The test for occult blood was very strongly positive. A histamine test meal showed hydrochloric acid. Haemoglobin 15.2 G. Total leucocytes 5,000 per cu. mm. (Differential count: polym. 49 per cent., lymph. 51 per cent.) Blood Wassermann negative. The results of liver function tests were: Van den Bergh positive. S. bilirubin 2 mg. per cent. Alkaline phosphatase 41 units. Thymol turbidity 8 units. Thymol flocculation positive. Total serum proteins were 6.8 G. per cent. (S. albumin 2.5 G. per cent. S. globulin 4.3 G. per cent. A/G ratio 0.6/1.)

A barium enema revealed a complete lack of haustration of the colon right along its length with a typical serrated border (Fig. 1). A barium meal showed no abnormality in the stomach and small intestine.

As no amoebae could be found and as the radiological features of the colon were characteristic of ulcerative colitis, it was decided to treat the patient for ulcerative colitis. He was put on prednisolone (10 mg. bd.) and sulphaguanidine (1 gm. every six hours). The clinical effect on the motions passed was most satisfactory, for the
blood and mucus began to clear over about 10 days, leaving him with a faecal stool which, how-
ever, was soft and unformed. He showed pro-
gressive improvement until his discharge from hospital. An X-ray of the colon revealed that
the underlying condition was still present, but as
he seemed so much better he was allowed to leave
the hospital on 17th December.

COMMENT

Ulcerative colitis is known not to be a common disorder among Africans, and in 1960 Trowell
commented that there was no report in the litera-
ture of an African suffering from this disease. Probably Billinghurst (1964) was the first to
record ulcerative colitis in the African of East
Africa when he described three cases from
Uganda. Two years later he and Welchman de-
scribed four cases in some detail (Billinghurst and
Welchman, 1966). Pillay (1964), who had read
Billinghurst's description, claimed that he had
encountered another four cases in Africans in
Durban over a period of three years.

Despite the cases so far recorded in Africa, we
still consider the condition is probably most
uncommon.

It would seem that in other parts of the world
the disease may be rare in the darker races. In
New Zealand it is relatively rarer among the
Moors than in the white people (Wigley and
Maclaurin, 1962). The same is said about

But even in the less pigmented races than the
African and Negro, ulcerative colitis may be
uncommon. For instance, the first reports of
ulcerative colitis from the Arabian Peninsula
have been made by Salem and Shubair (1967),
who have described non-specific ulcerative colitis
in Bedouin Arabs. The ulceration affects pri-
marily the rectum without involvement of the
sigmoid colon and takes a milder course than the
specific disease. The change from a simple life
to a more complicated one is held to be respons-
able for its development among the Bedouin.
They have led a rather primitive life in the desert
of the Arabian Peninsula, but now the Govern-
ment has provided in Kuwait better living condi-
tions which, together with Western education, is
beginning to expose them to more stresses and
strains.

SUMMARY

A typical case of ulcerative colitis in an Afri-
can male is described from Rhodesia. This is
probably the first record of one from this part of
Africa.