

Ulcerative Colitis in an African

BY

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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 Kampo-peri 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



Fig. 1—Barium enema taken on 14th November, 1966. Note the complete lack of haustration in sigmoid and descending colon. Also observe the "pseudo-polypoid" effect in the sigmoid region.

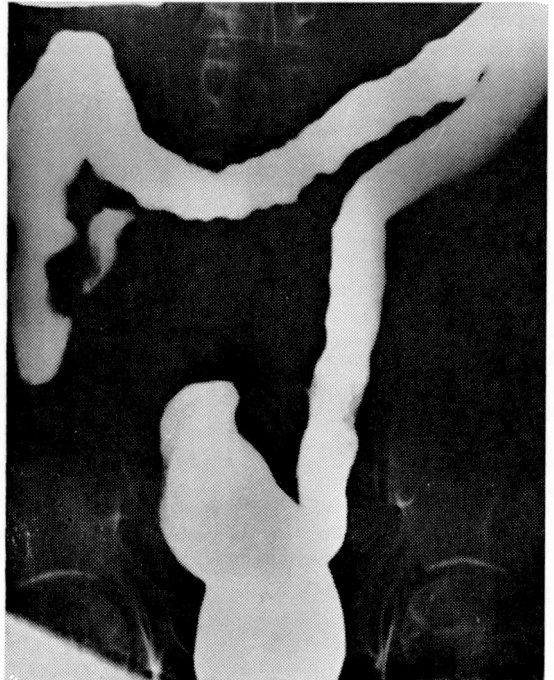


Fig. 2—The serrated margin in the transverse colon is typical.

blood and mucus began to clear over about 10 days, leaving him with a faecal stool which, however, was soft and unformed. He showed progressive 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 literature of an African suffering from this disease. Probably Billinghamurst (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 described four cases in some detail (Billinghurst and Welchman, 1966). Pillay (1964), who had read Billinghamurst'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 Maoris than in the white people (Wigley and Maclaurin, 1962). The same is said about Negroes in the U.S.A. (Weiner and Lewis, 1960).

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 primarily 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 responsible for its development among the Bedouin. They have led a rather primitive life in the desert of the Arabian Peninsula, but now the Government has provided in Kuwait better living conditions which, together with Western education, is beginning to expose them to more stresses and strains.

SUMMARY

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

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