Pediatric inflammatory bowel disease: Diagnostics, treatment and psychosocial consequences
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Outline of this thesis
In this thesis, a series of studies is presented that concern diagnostics (part I), treatment (part II) and psychosocial consequences (part III) of pediatric inflammatory bowel disease (IBD).

Part I: Pathogenesis & Diagnostics of pediatric IBD
IBD is a multifactorial disease in which an aberrant immune response occurs by the mucosal immune system to intestinal bacteria in a genetically susceptible host. Besides genetic susceptibility, environmental exposure plays an important role in the development of IBD. One of the environmental risk factors that have been explored is Western diet. Previous studies have shown that human Peyer’s patches of the terminal ileum contain black granular pigment deposits. These pigment deposits consist of titanium dioxide and aluminosilicate, derived from ingested materials such as food additives, pharmaceuticals and toothpaste. In chapter 1 we aim to map the distribution of this exogenous pigment throughout the gastrointestinal tract of children suspected for IBD. Additionally, the correlation between age and the presence and amount of exogenous pigment and its relation with pediatric IBD will be investigated.

For the choice of treatment in children with IBD it is important to make a discrimination between Crohn’s disease (CD) and ulcerative colitis (UC). In chapter 2 we aim to determine the additional value of the upper gastrointestinal tract endoscopy in the diagnostic assessment of childhood IBD, and to detect histopathological changes in the upper gastrointestinal tract mucosa which can distinguish children with CD from children with UC or no IBD. In chapter 3 we compare the diagnostic accuracy of ultrasound and dynamic contrast-enhanced MR entero- and colonography with upper and lower tract endoscopy in children suspected for IBD. Additionally we assess if ultrasound and MR entero- and colonography can differentiate between CD and UC.

Part II: Treatment of pediatric IBD
Over the last two decades, the introduction of anti-TNF has changed the treatment of IBD dramatically, especially in patients who are refractory to or intolerant of conventional therapy. In chapter 4 data from a national database on the use of infliximab in children with refractory CD are used to evaluate the long-term efficacy of infliximab treatment in the Netherlands.

Before stepping up therapy of an child with refractory disease, first adherence to medication should be reviewed. Chapter 5 gives an overview of the current literature concerning medication adherence in adolescents with IBD.
Part III: Psychosocial consequences of pediatric IBD
Pediatric IBD can affect many areas of psychosocial functioning. Chapter 6 describes the autonomy, psycho-sexual and social development (“course of life”) and socio-demographic outcomes in adolescents with IBD in comparison with peers from the general population. In chapter 7 we aim to assess the perceived relational support from parents and from best friends and the health related quality of life (HRQoL) in adolescents with IBD. Additionally, the association between perceived relational support from parents and friends and HRQoL will be investigated.