

WEB TABLE I HISTOLOGICAL FEATURES AT DIAGNOSIS OF INFLAMMATORY BOWEL DISEASE- UNCLASSIFIED AND CHANGE OF DIAGNOSIS TO CROHN'S DISEASE OR ULCERATIVE COLITIS

Patient number	Initial endoscopy and histology	Treatment initiated after initial diagnosis	Repeat endoscopy and histology	Outcome of repeat assessment	Time to change of diagnosis
1	Lower gastrointestinal biopsies including rectal biopsies mild to severe patchy colitis. Esophageal biopsy shows minimal patchy chronic inflammation with no evidence of erosions or ulcers. No granulomas seen. Terminal ileum, gastric and duodenal biopsies normal.	Mesalazine, Prednisolone	Terminal ileum normal. Caecum mild active inflammation. Colon and rectum diffuse colitis with moderate activity. Upper gastrointestinal biopsies normal.	Ulcerative colitis	66 months
2	Mild to moderate active inflammation seen in stomach and colon. No granuloma seen. Gastric specialised and non-specialised mucosa shows patchy chronic inflammation with focal mild activity. Caecal and colonic biopsies show patchy chronic active colitis with mild focal distortion of the surface epithelial architecture. There is focal cryptitis, crypt abscess formation and active inflammation in the surface epithelium and lamina propria. Esophageal and duodenal biopsies normal.	Prednisolone	Distal and terminal ileal biopsy and terminal ileum showed granuloma but no active inflammation. Caecal, colonic and rectal biopsies showed diffuse active colitis and granuloma in ascending colon. Gastric biopsy showed chronic active gastritis with activity.	Crohn's disease [Ileo-colectomy needed 5 years after change of diagnosis]	34 months
3	Rectal biopsy shows diffuse chronic proctitis with moderate activity in form of crypt abscesses. There is goblet-cell depletion. A rare giant cell is noted close to a ruptured crypt. There is no granuloma. Gastric body biopsy shows chronic gastritis with moderate activity. Esophageal, duodenal and sigmoid colon biopsies were normal.	Mesalazine, Prednisolone	Done by adult gastroenterologists in a different hospital	Crohn's disease	52 months
4	Caecal, colonic (ascending, transverse) and rectal biopsies show distortion of surface epithelium and crypt architecture with cryptitis and crypt abscess formation. There are no granulomas. Descending	Mesalazine	All colonic biopsies show similar appearances with active cryptitis. There are no granulomas or giant cells. Rectal biopsy shows mucosal ulceration.	Ulcerative colitis [Sub-total colectomy performed and led to change of diagnosis]	87 months

Contd.....

from pre-page

<i>Patient number</i>	<i>Initial endoscopy and histology</i>	<i>Treatment initiated after initial diagnosis</i>	<i>Repeat endoscopy and histology</i>	<i>Outcome of repeat assessment</i>	<i>Time to change of diagnosis</i>
	colon biopsy shows an aphthous ulcer. The gastric biopsy shows mild patchy chronic gastritis.				
5	Colonic biopsies show focal crypt architectural distortion, cryptitis, crypt abscesses and diffuse chronic inflammation. There are no granulomas. Rectal biopsies show focal crypt architectural distortion, cryptitis, crypt abscesses and diffuse chronic inflammation but no convincing granulomas. Esophageal biopsy showed focal chronic inflammation in sub-epithelial. Gastric body mucosa showing patchy chronic inflammation with lymphoid aggregates and giant cells in the lamina propria. There was no significant active inflammation, erosion or granuloma.	Olsalazine	Colonic serial biopsies showed patchy mild active chronic inflammation. Rectal biopsy showed no granulomas but the lamina propria contains two multinucleated giant cells. Gastric body biopsy showed patchy mild chronic inflammation with an isolated multi-nucleated giant cell. Gastric body biopsy showed mild chronic inflammation.	Crohn's disease	79 months
6	Colonic biopsies showed distortion of the crypt architecture and surface epithelium with surface exudate and cryptitis. The lamina propria showed chronic active inflammation, but there are no granulomas. Gastric antrum mucosa shows patchy mild chronic inflammation. No <i>Helicobacter</i> or granuloma seen. Duodenal biopsy showed mild oedema and possible villous blunting.	Prednisolone, Azathioprine	Moderate active chronic inflammation involving the ascending and transverse colon. No granulomas or multinucleated giant cells are observed. Descending colon mucosa showed piece of granulation tissue.	Crohn's disease (Sub-total colectomy was performed and led to change of diagnosis)	34 months
7	Ileal biopsy showed active ileitis. Caecal biopsy showed mild inflammation. Ascending colon had active colitis with ulceration. Colonic biopsies showed chronic colitis with mild activity. Rectal biopsy showed mild active proctitis.	Prednisolone	Splenic flexure showed moderate to severe chronic active colitis. Other colonic and rectal biopsy showed moderate chronic colitis with mild activity. Severe esophagitis seen, body of stomach show granulomatous gastritis.	Crohn's disease	50 months
8	Mild active chronic inflammation involving stomach, duodenum, caecum and sigmoid, and moderate active chronic inflammation involving rectum. No granulomas are seen.	Mesalazine, Prednisolone	Terminal ileum normal, caecal biopsies mild focal active inflammation. Rest of colonic biopsies were normal. Rectal biopsies showed moderately active chronic	Ulcerative colitis	58 months

Contd.....

from pre-page

<i>Patient number</i>	<i>Initial endoscopy and histology</i>	<i>Treatment initiated after initial diagnosis</i>	<i>Repeat endoscopy and histology</i>	<i>Outcome of repeat assessment</i>	<i>Time to change of diagnosis</i>
	There is evidence of inflammatory colitis, which is classified as indeterminate.		proctitis. Gastric biopsies showed mild focally enhanced chronic inflammation.		
9	Caecal, colonic and rectal biopsies – Patchy colitis with mild activity, no granulomas. Ileum – mild focal activity. Gastric biopsies showed chronic gastritis with focal activity, duodenal biopsies showed mild focal activity. Esophageal biopsies normal.	Prednisolone	Done by paediatric gastroenterologists in a different hospital, histology results could not be obtained	Crohn's disease	39 months
10	All colonic biopsies showed increase in lamina propria cellularity, predominantly by plasma cells and eosinophils. Crypt architectural distortion, with bifurcation of crypts, crypt loss and occasional ruptured crypts were noted. No granulomas seen. Collection of histiocytes in the gastric biopsies.	Prednisolone, Azathioprine	Done by adult gastroenterologists in a different hospital	Crohn's disease	37 months