Abstract

Given the importance of ulcerative colitis, the aim of this review is on approach to disease management emphasizing treatments. Ulcerative colitis (UC) is a chronic inflammatory disease characterized by inflammation of the lining of the colon and rectum. It is a multifactorial disease with a complex interaction of genetic and environmental factors. Diarrhea, abdominal pain and bloody are frequently symptoms. This disease, however, despite it can be treated with medications that induce and maintain remission as well as a better quality of life of the patients. Advances in treatment, the morbidity of this disease is high, affecting the quality of life of patients. The choice of treatment depends on the severity, location and course of the disease. The first line therapy to induce and maintain remission in patients with ulcerative colitis of mild to moderate, corresponds to the derivatives of 5-ASA, aminosalicylates, (5-aminosalicylate acid) also called mesalamine. Sulfasalazine was the first drug used in this group, but was toxic due to the sulfapyridine, drug used as a carrier molecule. New formulations (olsalazida, balsalazide, Salofalk, Pentasa), with fewer adverse effects have been tested with good results. In patients refractory to Mesalamine are used steroids (prednisolone, hydrocortisone, beclomethasone and budesonide), immunomodulators (azathioprine, 6-mercaptopurine, cyclosporine, and methotrexate) and TNF-alpha such as infliximab, adalimumab and certolizumab pegol). New treatments are being tested to achieve a more effective remission.

Keywords
Ulcerative colitis, medical treatment, 5-ASA, corticosteroids, immunosuppressives, TNF-blocker.