CONDITION

Colitis gravis

Learn what the older term colitis gravis may mean, how severe colitis is evaluated, and when symptoms need urgent hospital care.

WHAT IT IS
Severe inflammation of the colon

BODY SYSTEM
Digestive

MAIN SYMPTOMS
Bloody diarrhea, bowel urgency, abdominal pain, fever

WHAT CAUSES IT
Immune, infection, reduced blood flow, medicines

HOW IT IS DIAGNOSED
Stool tests, imaging, flexible sigmoidoscopy with biopsy

MAIN TREATMENT
Cause-specific medicines and supportive care

CAN IT BE CURED?
Sometimes, depending on underlying cause

IS IT AN EMERGENCY?
Sometimes, with severe abdominal pain

LONG-TERM OUTLOOK
Variable with potentially dangerous complications

Overview

Colitis gravis is an older, nonstandard term that generally means severe inflammation of the colon , or large intestine. "Colitis" means inflammation of the colon, while "gravis" means serious or severe.

The term may appear in an older medical record, pathology report, or translation. It is not a precise diagnosis in current medical practice. Historically, it has often referred to severe ulcerative colitis. However, several other conditions can cause severe inflammation of the colon, including infection, reduced blood flow, medication-related injury, and Crohn's disease.

Today, clinicians usually describe the specific cause and severity. For example, they may use the term acute severe ulcerative colitis , often shortened to ASUC. This is a serious flare of ulcerative colitis involving frequent bloody bowel movements and signs that inflammation is

affecting the whole body.

Severe colitis matters because it can cause dehydration, anemia, blood clots, and dangerous widening or perforation of the colon. Prompt assessment helps identify the cause and determine whether treatment can occur at home or requires hospitalization.

If "colitis gravis" appears in your records, ask your clinician what the term means in that specific context. The next steps depend on the underlying cause rather than on the older label itself.

Symptoms

Symptoms vary according to the cause and extent of inflammation. Severe colitis often produces:

Blood loss can cause anemia , meaning that the blood does not carry enough oxygen. This may lead to tiredness, shortness of breath, headaches, pale skin, or a racing heartbeat.

One commonly used definition of acute severe ulcerative colitis includes six or more bloody bowel movements per day plus signs of whole-body illness, such as fever, a rapid pulse, anemia, or high inflammatory markers. A clinician must interpret these findings because stool frequency alone does not show the full severity of a flare.

Contact a healthcare professional promptly if bloody diarrhea is new, symptoms are getting worse, you cannot keep up with fluids, or a known bowel condition is no longer controlled.

Seek urgent or emergency care for:

These symptoms do not prove that a complication is present, but they need rapid medical assessment.

- Frequent loose or watery bowel movements
- Blood or mucus in the stool
- A strong or urgent need to have a bowel movement
- Abdominal pain or cramping
- Bowel movements during the night
- Fever
- Fatigue or weakness
- Loss of appetite or unintentional weight loss
- A fast heartbeat

- Dizziness, thirst, or reduced urination from dehydration
- Severe or rapidly worsening abdominal pain
- A swollen, tender, or rigid abdomen
- Fainting, confusion, or marked weakness
- Heavy or continuous rectal bleeding
- Inability to drink or very little urination
- Trouble breathing, chest pain, or a very fast heartbeat
- Fever with severe abdominal symptoms

Causes and risk factors

Because colitis gravis is a descriptive historical term, it does not have one single cause.

Ulcerative colitis is a common setting for severe colitis. It is an inflammatory bowel disease in which an abnormal immune response causes ongoing inflammation in the colon's inner lining. It is not caused by a particular food, stress, or personal behavior. Genes, the immune system, gut microbes, and environmental factors appear to interact.

A severe ulcerative colitis flare can occur at the time of diagnosis or later in the illness. It may develop even when someone has followed their treatment plan. Stopping maintenance medicine, difficulty accessing treatment, or a medicine becoming less effective may contribute to some flares.

Other possible causes of severe colon inflammation include:

Infections can occur on their own or at the same time as inflammatory bowel disease. This is why stool testing is important before assuming that worsening diarrhea is simply an ulcerative colitis flare.

The risk of complications may be greater when inflammation is extensive, symptoms are severe, significant dehydration or anemia is present, or initial treatment does not control the inflammation. Older adults and people with other serious health conditions may also have less reserve during an acute illness.

- Infectious colitis , including infection with Clostridioides difficile , often called C. difficile or C. diff
- Crohn's colitis , when Crohn's disease affects the colon
- Ischemic colitis , caused by reduced blood flow to part of the colon

- Injury related to certain medicines or cancer treatments
- Inflammation caused by radiation treatment
- Less common immune or blood-vessel disorders

Diagnosis

Evaluation begins with a detailed history. A clinician may ask about the number of bowel movements, visible blood, nighttime symptoms, pain, fever, weight change, recent antibiotics like amoxicillin or doxycycline , travel, sick contacts, and current medicines. A history of ulcerative colitis, Crohn's disease, circulation problems, or previous colon surgery is also relevant.

A physical examination checks hydration, temperature, heart rate, blood pressure, abdominal tenderness or swelling, and signs of anemia or infection.

Blood tests may include:

Stool tests help look for bacterial infections, especially C. difficile . Depending on the circumstances, testing may also examine other bacteria, parasites, or markers of intestinal inflammation.

A limited lower-bowel examination called flexible sigmoidoscopy may be used to view the colon lining and take small tissue samples called biopsies. In severe colitis, clinicians often avoid a full colonoscopy or extensive bowel preparation during the acute phase because an inflamed colon may be more vulnerable to injury.

An abdominal X-ray or CT scan may be needed if there is severe pain, swelling, fever, or concern about a complication. Imaging can show marked colon widening, perforation, obstruction, or another cause of symptoms.

Diagnosis is based on the combination of symptoms, examination, laboratory results, stool studies, imaging, and endoscopy. The clinician's goal is to identify both the cause and the severity.

- A complete blood count to look for anemia and changes in white blood cells or platelets
- C-reactive protein or other markers of inflammation
- Electrolytes and kidney function to assess dehydration
- Liver tests and albumin, a blood protein that can fall during severe illness

Treatment and management

Treatment depends on what is causing the inflammation. Severe symptoms often require hospital care so that the person can receive fluids, monitoring, testing, and treatment without delay.

For acute severe ulcerative colitis, hospital treatment commonly includes intravenous corticosteroids. These medicines reduce immune-driven inflammation. The care team monitors bowel movements, bleeding, vital signs, blood tests, abdominal findings, and the response over the first several days.

People admitted with severe ulcerative colitis are also assessed for blood-clot prevention. Active inflammatory bowel disease and hospitalization both raise the risk of clots. Preventive treatment may be recommended even when there is some rectal bleeding, but clinicians weigh each person's bleeding and clotting risks.

If corticosteroids like prednisone or hydrocortisone do not control the flare, specialist teams may consider rescue therapy with a medicine such as infliximab or cyclosporine. These medicines act on the immune system in different ways. The choice depends on previous treatments, test results, other medical conditions, medicine risks, local expertise, and the possibility of surgery.

A colorectal surgeon is often involved early when ulcerative colitis is severe. A surgical consultation does not mean surgery will definitely be needed. It allows the patient and care team to understand the options before an emergency develops.

Surgery to remove the colon may be necessary when medical treatment is not working or when there is uncontrolled bleeding, perforation, toxic megacolon, or another serious complication. For ulcerative colitis, removing the colon eliminates the diseased organ, but recovery and bowel reconstruction options require detailed discussion with surgical specialists.

When infection is the cause, treatment targets the specific organism when indicated. Antibiotics are not routinely used for every ulcerative colitis flare because they do not treat the underlying immune inflammation. They may be needed when testing identifies a treatable infection or when clinicians suspect certain complications.

Supportive care can include intravenous or oral fluids, correction of electrolyte problems, treatment for anemia, and nutrition support. Many people can continue eating as tolerated, although temporary adjustments may be needed during severe symptoms. Restrictive diets do not replace medical treatment.

Some medicines used for diarrhea or pain may be unsafe during severe colitis because they can slow the colon or hide worsening symptoms. Nonsteroidal anti-inflammatory drugs, such

as ibuprofen or naproxen, can also aggravate bowel symptoms in some people. Ask the treating team before using over-the-counter pain or antidiarrheal products during a severe flare.

Complications

Severe inflammation and repeated diarrhea can lead to dehydration, electrolyte disturbances, poor nutrition, and anemia. Ulcerative colitis can also increase the risk of blood clots in the legs or lungs, particularly during hospitalization or an active flare.

Toxic megacolon is a serious complication in which the inflamed colon becomes greatly widened and the person develops signs of severe illness. A severely inflamed colon can also develop a hole, called a perforation , allowing bowel contents to leak into the abdomen. Both require emergency treatment.

Other possible complications include major bleeding and severe infection. Over the longer term, people with extensive or long-standing ulcerative colitis have an increased risk of colorectal cancer. That longer-term risk is managed through inflammation control and planned colonoscopy surveillance rather than emergency testing during a severe flare.

Follow up

After a severe episode, follow-up should confirm that symptoms and inflammation are improving. The care plan may include blood tests, stool markers, medication monitoring, and later endoscopy. The timing depends on the cause, treatment response, and overall health.

For ulcerative colitis, feeling better does not always mean that inflammation has fully settled. Ongoing maintenance treatment is often needed to reduce the chance of another flare. Do not stop corticosteroids suddenly or change immune-targeting medicine without guidance from the prescribing clinician.

Routine follow-up may address vaccination, nutrition, anemia, bone health, medication side effects, mental well-being, and colorectal cancer surveillance. People taking medicines that affect the immune system may need infection screening and periodic blood tests.

Contact the care team sooner than planned if bleeding or diarrhea returns, bowel movements become more frequent, fever develops, food or fluids are difficult to tolerate, or treatment side effects occur. Severe pain, abdominal swelling, fainting, heavy bleeding, confusion, chest pain, or breathing difficulty requires urgent or emergency assessment.

Sources

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