

## 2. Summary

Inflammatory bowel disease, Crohn's disease and ulcerative colitis represent serious intestinal illnesses. Although many achievements were reached in the diagnostic field, etiology remains unknown. The course of the disease is still uncertain. The immunopathological reaction of the organism is triggered by a combination of inner (genetic) and outer factors. This hypothesis appears acceptable. Since the occurrence of the first familial cases there have been attempts to find the linkage between the affected members of the family and the differences in sporadic and familial cases. Respective studies show that genetics plays an essential role.

The aim of this thesis was to elucidate more differences between a familial and sporadic inflammatory bowel disease by comparing certain clinical and laboratory data.

We did not identify any relationship between the onset of the disease and a certain age group, yet males seem to be more prone to familial Crohn's disease. The more frequent familial form of Crohn's disease was the fibro-stenotic one. Besides corresponding with generally available knowledge, our observation revealed that the stenotic form of disease was more frequent in the familial Crohn's disease patients using NSAID's. The inflammatory form of Crohn's disease was present more often in ANCA+ patients. The stenotic form of familial Crohn's disease was found more often in ANCA- patients. The ANCA+ patients with ulcerative colitis exhibited more extensive affection compared to the ANCA- patients. The small intestine was more often involved in ABBA+ familial Crohn's patients compared to the ABBA- patients. The combination of the ABBA, ANCA and ASCA antibodies improves diagnosis.

There were no differences in nutrition in the sporadic and the familial group. We did not find any differences in therapy response in relation to the type of nutrition (enteral, parenteral), corticosteroid therapy, or the administration of immunosuppressive drugs. The biological therapy in sporadic and familial Crohn's disease did not differ either. Surgical intervention was more frequent in Crohn's patients compared to the patients with ulcerative colitis; yet no difference was identified between familial and sporadic cases. Cholelithiasis was more frequent in men. Appendectomy carried out before the onset of the disease was later diagnosed as Crohn's disease in more instances than ulcerative colitis.

This thesis confirmed some known facts about the familial inflammatory bowel disease and produced new information that will facilitate further research into the inflammatory bowel disease.