Introduction

Digestive problems are among the most common condition worldwide todays. Inflammatory bowel disease (IBD) refers to illness that causes chronic inflammation in the intestine. IBD can cause more serious problems than just diarrhea and pain. It may cause delay in puberty or growth for some affected teens (Furrie, 2005).

The two major types of IBD are Crohn's disease and ulcerative colitis. Far fewer cases are: collagenous colitis, ischaemic colitis, lymphocytic colitis, diversion colitis, Behcet's syndrome, and infective colitis (Kruis et al., 2004).

Technologic advances influenced the pattern of use of CT. The principal technical advancement responsible for this increase has been multidetector CT (MDCT) offering both faster scanning and higher image quality (Thoeni and Cello, 2006).

MDCT of the small intestine is superior to conventional enteroclysis especially in the diagnosis of mesenterical or the other extraintestinal diseases. the colon is assessed in the same examination. Radiation dose is less than in MDCT than in conventional fluoroscopy. MDCT can thus be performed as an alternative or adjunct to colonoscopy, especially if endoscopic access is restricted. It has already become the imaging modality of choice in acute diverticulitis (Bitterling et al., 2006).

Key benefit of CT over alternative modalities is that it not only accurately demonstrates the bowel wall but also outlines the pericolonic soft tissues and adjacent structures. CT cannot demonstrate subtle superficial mucosal changes revealed on barium studies, but it is highly sensitive method for detection of intramural and extraluminal extension of colonic disease (Ambrosini et al., 2007).

Multidetector CT with oral, rectal, and intravenous contrast material and thin sections which accurately demonstrate inflammatory changes in colonic wall may help to narrow the differential diagnosis and assess the extent of the disease (Thoeni and Cello, 2006).