

CROHN DISEASE

Edited by Prof. Gabriele Riegler (gabriele.riegler@unina2.it)

What is crohn disease?

It's a chronic inflammatory disease (not tumor) which affect small bowel (especially terminal ileum) and the large bowel, but sometimes, it may affect the whole gastrointestinal tract, from mouth to anus. Usually the inflammation involve only few centimeters of bowel but the tracts affected are often more than one and they are interspersed with healthy tracts. In fact, the term terminal ileitis or segmental ileitis is used as a synonymus of Crohn disease.

How often it shows and what are the causes?

In Italy, Crohn disease is diagnosed every year about 5-8 new cases every 100.000 inhabitants per year, with an increasing trend. We don't know the causes but we identified some risk factors like smoking and hormonal contraception.

What are symptoms?

Symptoms are various and infrequently they appear at the same time. Crohn disease is suspected in many clinical status such as a long-time diarrhea linked to a weight loss; pain, especially in appendicular region sometimes with feeling of fecal or gas retention; small fistulae mainly in the anal region and so on. Mostly in case of a small bowel involving, diarrhea reveals a malabsorption with a loss of nutritional elements (proteins, minerals, etc.), therefore a worsening of general clinical status. Extraintestinal features may occur: dermatological disease (erythema nodosum), ophtalmological disease (uveitis), or rheumatological disease (arthritis, sacroileitis, etc.).

How to diagnose?

Crohn disease has often a late diagnosis because of the variety of its clinical features. Sometimes, above all among young people, syntoms are initially explained as secondary to Inflammatory Bowel Syndrome. Rarely we make the diagnosis founding the typical istological lesion (granuloma), most frequently it is the resultant of a number of tests and clinical signs. Useful instrumental exams are: colonoscopy with biopsies, radiological tests wherein a barium sulfate suspension is ingested and detected with traditional XR, CT (Computed Tomography) scan or MRI (Magnetic Resonance Imaging), scintigraphy with labeled leucocytes, abdominal ultrasonography, videocapsule endoscopy. In case of complications like abscesses (small pus collection in a cavity formed by the tissue), it could be useful to perform more complex examinations such as CT and MRI. In the perianal disease (characterized by fistulae an abscesses) we could perform a transanal ultrasonography. Crohn's disease in only few cases can affect upper gastrointestinal tract: if patient has specific symptoms, gastroscopy is required.

How to treat?

Crohn's disease is often responsive to medical treatment with anti-inflammatory drugs (mesalazine or 5-asa and corticosteroids), antibiotics such as ciprofloxacin or metronidazole (drugs that modify small bowel bacterial growth), immunomodulators such as azathioprine, 6-Mercaptopurine (they reduce the immunitary process). Some of the immunomodulator drugs Selectively inhibite some molecules involved in the inflammatory mechanism (infliximab, Adalimumab). Crohn's disease needs often a surgical therapy. Surgery consist of resection of Short bowel parts damaged by inflammation; dilatation of strictures (stenosis); treatment of Fistulae and pus drainage (abscesses). Strictureplastic is a typical surgical technique used to



Avoid malabsorption caused by an extended resection. In some case the dilatation could be performed through the endoscope.

Could crohn's disease cause tumors?

Long-term colon/rectum inflammation could induce a risk to develop colon cancer. Only a few number of patient has this risk. We could avoid this event by adequate clinical surveillance. Small bowel tumors are rare.

Crohn's disease: a disabling disease?

Patients affected by Crohn's disease will go through flare ups and remissions. On remission, patients in a good nutritional status could have a satisfactory Quality of Life. Generally, during remission, patient has not any limitation about food or physical activity.

Is the management easy?

Crohn's disease need recurrent clinical follow-ups in specialistic Centres because of its relative rarity, the difficulty to make diagnosis and to manage in a medical or surgical way, the necessity of monitoring. Therefore, is necessary a cooperation of high expertized gastroenterologists, colonproctology surgeons, nutritionists, radiologists. An association of self-helping (AMICI) give many kind of information about health, law, social security.

Bibliography:

1. *C. Prantera e Burton I. Korelitz*
2. *La Malattia di Crohn, Mediserve, 1997*
3. *G. Bianchi Porro e S. Ardizzone "IBD year book 1999", Mediserve, 1999*
4. *R. Caprilli "Inflammatory bowel diseases", Schattauer, 1997*
5. *Linee Guida ACOI-SICCR sulla Malattia di Crohn - 2011*