

Crohn's Disease

 SEARCH

What Is Crohn's Disease?

Crohn's disease is a type of chronic inflammatory condition that usually involves the small and/or large bowel. The cause is unknown but many theories exist.



Incidence

A rare disease, Crohn's affects males and females equally at the rate of about 5 per 100,000 of the population. Occasionally more than one family member is affected. Children and adults of any age may suffer from Crohn's disease, but there are slightly increased peaks of incidence around 25 and 65 years of age. How Does Crohn's Disease Affect The Bowel

The inflammation occurs in a patchy manner and can produce areas of ulceration and narrowing of the small and/or large bowel lining, resulting in localised and general symptoms. Bleeding can lead to anaemia and abscesses can form next to the involved bowel and sometimes burst into other organs causing fistulae (abnormal track). If the anus is involved, fissures, fistulae and watery discharge may be present. The bowel ulceration causes diarrhoea and occasionally malnutrition. Narrowed bowel causes pain and symptoms of intermittent incomplete blockage.

Can Other Organs Be Involved?

Rarely other organs can develop problems such as arthritis, skin conditions and inflammation of the eyes. Some of these conditions respond to medical treatment and others only to surgery.

Symptoms

Abdominal pain, diarrhoea, malaise and fever occur in a chronic manner with acute exacerbations. Bleeding may be present and mixed with the stool, but more often it is not obvious and leads to anaemia and iron deficiency. The abdominal pain may be localised to one point, particularly in the area over the appendix and an incorrect diagnosis of appendicitis is sometimes made. Painful mouth ulcers are common, as is weight loss and tiredness.

Diagnosis

This can sometimes be difficult as Crohn's disease can mimic many bowel disorders, particularly the irritable bowel syndrome. Large bowel Crohn's disease (colitis) is best diagnosed by endoscopy (colonoscopy or flexible sigmoidoscopy). Biopsy and barium enema x-rays are sometimes helpful. Small bowel Crohn's disease requires a small bowel barium x-ray series for diagnosis. Rarely an isotope labelled white cell nuclear scan can identify disease. Certain blood tests may be helpful in the assessment of the severity of the illness. It is sometimes impossible to distinguish between Crohn's disease and ulcerative colitis.

Treatment

There is no cure for Crohn's disease. Medication often controls the inflammation, the main drugs being anti-inflammatory, such as Prednisone and Salazopyrine, anti-diarrhoeals and anti-spasmodics, iron and nutritional supplements. Occasionally immune suppressants are used such as Azothiaprime. Where there is a localised complication of Crohn's disease or an area causing troublesome symptoms that don't respond to medication the treatment of choice is surgery. The likelihood of surgery being required is high.

What Operation Might I Have?

The surgical procedure is tailored to the specific problem. If short segments of small bowel are involved a widening operation called stricturoplasty is carried out. If a longer length is involved that section of the bowel is removed and the ends rejoined. A stoma of either the large bowel (colostomy) or small bowel (ileostomy) is sometimes necessary and this can be permanent if the anus has been removed; or temporary, if it has been made to allow the residual bowel inflammation to subside. Abscesses always require surgical drainage and occasionally other organs need surgical attention.

Who Should Do My Surgery?

A surgeon who has specifically trained in the management of inflammatory bowel disease who works closely with your physician and who is interested in your wellbeing and quality of life. The members of the Colorectal Surgical Society of Australia have this expertise.

Is More Than One Operation Likely?

About half the patients who require an operation have a second operation at some stage in the future, often years later, and of these another half will require further surgery. Surgery is used to relieve symptoms and complications of Crohn's disease, and to improve the quality of life.

What About The Future?

Most people with Crohn's disease lead relatively normal lives, working and raising families, playing sport and enjoy a good life expectancy. Pregnancy is not contra-indicated. Patients with chronic colitis should undergo long term surveillance because of a slight increase in the risk of developing colon cancer. Crohn's disease can "bum out" after many years but the clinical course of the condition is always unpredictable.

History

- Colonoscopy
- Bowel Cancer
- Cancer Follow up
- Crohn's Disease
- Haemorrhoids
- Polyps
- Ulcerative Colitis
- Diverticular Disease
- Anal Fissure
- Anal Abscess / Anal Fistula
- Pruritis Ani
- Irritable Bowel Syndrome
- Proctitis
- Rectal Prolapse
- Constipation
- Faecal Incontinence
- Clinical Guidelines

In 1932 at the Mt. Sinai Hospital in New York, Drs. Crohn, Ginzburg and Oppenheimer described 14 specimens of chronic inflammation of the small bowel which they named regional ileitis. In 1960 Drs. Lockhart-Mummery and Morson from St. Mark's Hospital, London published a detailed account of the surgical pathology of this condition affecting the large bowel. The inflammation may affect any part of the gastrointestinal tract is now known as Crohn's disease.