

Crohn's disease is a chronic, recurrent inflammatory disease of the intestinal tract. The intestinal tract has four major parts: the esophagus, or food pipe; the stomach, where food is churned and digested; the small bowel, where nutrients, calories and vitamins are absorbed; and the colon and rectum, where water is absorbed and stool is stored. The two primary sites for Crohn's disease are the ileum, which is the last portion of the small bowel (ileitis, regional enteritis), and the colon (Crohn's colitis). The condition begins as small, microscopic nests of inflammation which persist and smolder. The lining of the bowel can then become ulcerated and the bowel wall thickened. Eventually, the bowel may become narrowed.

Causes of Crohn's Disease

After many years of intense research, the cause of Crohn's disease is still unknown. One theory is that the condition is caused by an unidentified, slow-growing microorganism. The body's immune system, which protects it against many different infections, is also known to be a factor. Despite of the unknown cause, enormous understanding and knowledge currently exist about the disease and its treatment. The condition occurs in both sexes and among all age groups, although it most frequently begins in young people. For unknown reasons, Jewish people are at increased risk of developing Crohn's, while African Americans are at decreased risk.

Symptoms of Crohn's Disease

The symptoms of Crohn's disease depend on where in the intestinal tract the disorder first appears. When the ileum (ileitis) is involved, recurrent pain may be experienced in the right-lower abdomen. At times the pain mimics acute appendicitis. When the Crohn's appears in the colon, diarrhea (which is sometimes bloody) may occur, as well as fever and weight loss. When the inflammation is active, fatigue and lethargy appear. In children and young people there may be difficulty gaining or maintaining weight.

Diagnosis of Crohn's Disease

There is no one conclusive diagnostic test for Crohn's disease. The physician uses a series of tests to assess the patient's overall condition and then makes a diagnosis. The patient's medical history and physical exam are always helpful. Certain blood and stool tests are performed to arrive at a diagnosis. X rays of the small intestine and colon (obtained through an upper GI series and barium enema) are usually required. In addition, a visual examination (sigmoidoscopy) of the lining of the rectum and lower bowel is usually necessary. A more extensive exam of the entire colon (colonoscopy) is often the best way of diagnosing the problem when the disease is in the colon.

Course and Complications of Crohn's Disease

The disorder often remains quiet and easily controlled for long periods of time. Most people with Crohn's disease continue to pursue their goals in life, go to school, marry, have a family and work with few limitations or inconveniences; however, some problems can occur. Arthritis, eye and skin problems, and—in rare instances— chronic liver conditions may develop.

The disease can occur around the anal canal. Open sores called fissures can develop, which are often painful. A fistula, a tiny artificial channel that burrows from the rectum to the skin around the anus, can also form. In addition, when inflammation persists in the ileum or colon, narrowing and partial obstruction may occur. Often surgery is required to treat these problems. Cancer is not a worrisome outcome of Crohn's disease, as it occurs only slightly more frequently among sufferers of the disease than in the general population.

Treatment of Crohn's Disease

Effective medical and surgical treatments are available for Crohn's disease. It is particularly important for the patient to maintain good nutrition and health with a balanced diet, adequate exercise and a positive, upbeat attitude. The methods usually used in treating this disease include:

Cortisone or Steroids - These powerful drugs provide highly effective results. Commonly, a high dose is used initially to bring the disorder under control. Then the drug is tapered to a low maintenance dose, to an alternate day schedule, or (hopefully) to cessation. This medicine is administered by pill or enema.

Anti-inflammation drugs - Sulfasalazine (Azulfidine), olsalazine (Dipentum), and mesalamine (Asacol, Rowasa, Pentasa) belong to a group of drugs called the 5-aminosalicylate group. These drugs are most useful in maintaining a remission once the disease is brought under control. They are available in oral and enema preparations.

Immune system suppressors - These medications suppress the body's immune system, which appears to be overly active and to perpetuate the disease in Crohn's patients. The names of two of these commonly used medications are azathioprine (Imuran) and 6 MP (Purinethol). There are other potent immune-suppressing drugs that may be used in difficult cases.

Antibiotics - Since there is frequently a bacterial infection along with Crohn's disease, a wide assortment of antibiotics are available to treat this problem. One that is commonly used is metronidazole (Flagyl).

Biologics - Remicade (Infliximab) is the newest medication in the treatment against Crohns disease. It is given as an IV infusion and is very effective at directly suppressing inflammation in the gut. Other biologics include Humira and Cimzia, both given by subcutaneous injection.

Surgery - Surgery is commonly needed at some time during the course of Crohns disease. It may involve removing a portion of diseased bowel, or the simply draining an abscess or fistula. In all cases, the guiding principle is to perform the least amount of surgery to correct the immediate problem. It should be understood that surgery does not cure Crohns disease.

Most people with Crohns disease lead active lives with few restrictions. Although there is no known cure for the disorder, it can be managed with present treatments. For a few patients, the course of the disease can be more difficult and complicated, requiring extensive testing and therapy. Surgery sometimes is required. In all cases, follow-up care is essential to treating the disease and, hopefully, preventing or dealing with complications that may arise.

Managing Diet

There are no foods known to injure the bowel. However, during an acute phase of the disease, bulky foods, milk, and milk products can increase diarrhea and cramping. Generally, the patient is advised to eat a well-balanced diet, with adequate protein and calories. A multivitamin and iron supplement may be recommended by the physician.

Managing Emotions

Stress, anxiety, and extreme emotions may aggravate symptoms of the disorder, but are not believed to cause it or make it worse. Any chronic disease can produce a serious emotional reaction, which can usually be handled through discussion with the physician.

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