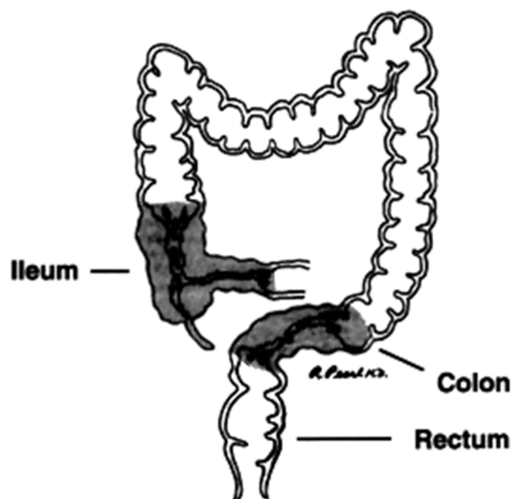
Crohn's Disease

Overview

Crohn's disease is an incurable inflammatory process potentially affecting portions of the entire gastrointestinal tract. Inflammation always involves the innermost layer of the gastrointestinal wall, but can extend to deeper layers, and even through the bowel wall.

Symptoms

Crohn's disease appears as abdominal disease, anorectal disease, and as both. The way it appears can vary widely among patients. Symptoms include cramping, pain, persistent diarrhea or constipation, bleeding with bowel movements, fever, fatigue, weight loss, drainage from the perianal area, and non-healing or recurring perianal abscesses (pockets of infection), or fissures (painful clefts or grooves). Patients may also form a fistula, an abnormal passageway between the bowel and nearby organs or between the bowel and skin. Symptoms often come and go over a long period of time.



Archived picture from ASCRS

Diagram showing Crohn's disease causing stricture in terminal ileum and in sigmoid colon

Who is at risk for crohn's disease?

Crohn's disease can appear at any age, but mainly occurs between ages 15 and 35. Men and women are equally affected. A family history of Crohn's disease or inflammatory bowel disease slightly increases the risk.

What causes crohn's disease?

The exact cause is unknown. Current research focuses on abnormalities in the body's immune system and on bacterial infection. It is not contagious.

Patient evaluation

Initial work up includes a thorough medical history and physical examination followed by laboratory testing, examination of the inside of the bowel using instruments with flexible lighted cameras), and radiographic (X-ray) studies. This evaluation is important in determining the extent of the disease and helps guide management.

Medical treatment

Medical treatment is always the first choice unless emergency surgery is required. Several treatment plans are available for initial and maintenance therapy. The most common initial therapy is corticosteroids combined with anti-inflammatory agents and modifications in diet and life style.

Surgical treatment

Surgery can be indicated for both abdominal and anorectal complications of Crohn's disease. Emergency surgery may be performed for patients with either a perforated or a completely obstructed bowel. Both of these conditions can be life-threatening. Occasionally, immediate surgery is required for perianal abscess (boil by the anus).

Abdominal surgery can be performed either through a traditional open or a minimally invasive procedure. Your surgeon will help choose which approach is safest for you. Emergency abdominal surgery is usually an open procedure, owing to the urgency of the situation.

Surgery for abdominal Crohn's disease addresses a section of diseased bowel, usually an area that is too scarred or narrowed to function, or which contains a fistula. The most common procedures are removal of the end of the small bowel and the beginning of the large bowel or cutting the bowel along its length and re-sewing it closed in cross section, to open up the narrowing in the involved intestine. Following removal of a portion of the bowel, it is reconnected, if possible, or the end of the bowel is brought through an opening in the skin of the abdomen as an ostomy (a surgically created opening between an internal organ and the surface of the abdominal wall). Surgery for anorectal Crohn's disease is most commonly performed to open and drain ano-rectal abscesses. Occasionally, a seton (small drain) is temporarily left in place until the infection clears. Surgery is also used to address anorectal fistulas. In combination with this procedure, an ostomy may also be created to divert the fecal stream, but normally only when the disease is severe.

What to do after surgery: follow-up care

Patients must follow-up with their medical doctors to establish a management plan to control the disease. Crohn's patients will need to stick with their medical regimens for life. Crohn's disease involving the colon increases the risk of developing colon cancer, with escalating risk the more colon is involved and after 8-10 years of disease. These patients require regular follow-up colonoscopy (examination of the colon using an instrument with a flexible lighted camera).

How can i reduce recurrance?

Recurrence is most common in patients who stop their medical management regimes. Finally, while quitting smoking is generally recommended, it is critical for patients with Crohn's disease, as smoking has been linked to higher recurrence rates.

What is a colon and rectal surgeon?

Colon and Rectal Surgeons are experts in the surgical and non-surgical treatment of diseases of the colon, rectum, and anus. They have completed advanced surgical training in the treatment of these diseases, as well as full general surgery training. Board-certified colon and rectal surgeons complete residencies in general surgery and colon and rectal surgery, and pass intensive examinations conducted by the American Board of Surgery and the American Board of Colon and Rectal Surgery. They are well versed in the treatment of both benign and malignant diseases of the colon, rectum, and anus and are able to perform routine screening examinations and surgically treat conditions, if indicated to do so.