



Crohn's Disease

Crohn's is a chronic disease that has periods of remission (time when you feel well) and relapse (when you feel ill).

Crohn's disease is an inflammation and ulceration process that occurs in the deep layers of the intestinal wall. The most common area affected is the lower part of the small intestine, called the **ileum**, and the first part of the colon. This type of Crohn's disease is called **ileocolitis**.

Crohn's disease can infrequently affect any part of the upper gastrointestinal tract. **Aphthous ulcers**, which are similar to cold sores, are common. Ulcers can also occur in the esophagus, stomach and upper small intestine (duodenum). It is difficult to tell these ulcers from peptic ulcers except by biopsy exam.

Symptoms of Crohn's Disease

The most common symptoms of Crohn's disease are:

- Pain in the abdomen, often in the lower right side.
- Diarrhea.
- Weight loss.
- Rectal bleeding.
- Fever.

Chronic bleeding may lead to a low red blood cell count called anemia. Children who develop Crohn's disease may have delayed development and stunted growth.

Diagnosing Crohn's Disease

To find out if you have Crohn's disease, your gastroenterologist must take your medical history and do a physical exam. The exam may include blood tests and samples of a bowel movement. Other tests are the same as described in the section on ulcerative colitis, such as colonoscopy. In addition, a small bowel x-ray or capsule endoscopy may be required. To learn more about capsule endoscopy, read the AGA Institute brochure on that topic in your gastroenterologist's office or visit www.gastro.org/patient.

Crohn's Disease Complications

The most common complication of Crohn's disease is **blockage of the intestine**. Blockage or **stricture** occurs when the disease thickens the bowel wall with swelling and scar tissue. The intestinal passage becomes smaller and smaller, until it is completely closed.

Fistulas are a common complication of this disease. Fistulas occur when ulcers in the intestine break through the intestinal wall making tunnels into surrounding tissues of the bladder, vagina or into the skin. Fistulas occur frequently around the anus and rectum. These fistulas can become infected and may result in abscess formation. Treatment programs are used to manage infected fistulas, but surgery is often needed.

Medications Available for Crohn's Disease

While there is no cure for Crohn's disease, there are a number of medications that can help control inflammation and relieve symptoms like abdominal pain, diarrhea and rectal bleeding. A patient's

treatment will depend on location and severity of disease, complications and response to previous treatments.

- **Anti-Inflammation Drugs:** Usually the first line of treatment, these drugs help control inflammation. Potential side effects include nausea, vomiting, diarrhea, heartburn and headache.
- **Corticosteroids:** In patients with Crohn's disease, corticosteroids provide very effective results. The drugs are usually prescribed in large doses in the beginning, when the disease is at its worst, and then lowered once symptoms are under control. They may cause side effects such as weight gain, acne, facial hair, hypertension, diabetes, mood swings, bone mass loss and increased risk of infection.
- **Immunomodulators:** Immunomodulators, or immunosuppressive agents, block the immune reaction that contributes to inflammation. Common side effects include nausea, vomiting and diarrhea as well as a decreased ability to fight infections.
- **Biologic treatments:** Some patients may require medications that target specific proteins in the body's immune system to help control the development of inflammation. Tumor necrosis factor (TNF) can cause your immune system to attack healthy tissues in your body and cause inflammation and damage. Anti-TNF medications recognize, attach to and block the action of TNF. Blocking TNF does not cure inflammatory bowel disease, but it may reduce the inflammation caused by TNF in your body. These agents are used for the treatment of moderate to severe Crohn's disease that does not respond to standard therapies (aminosalicylate substances, corticosteroids or immunosuppressive agents) and for the treatment of open, draining fistulas.

IMPORTANT REMINDER:

This information is intended only to provide general guidance. It does not provide definitive medical advice. It is very important that you consult your doctor about your specific condition.