CROHN’S DISEASE
Information for Patients

Crohn’s disease is a condition where the intestine develops excessive inflammation in the tissue. It is part of a group of diseases known as Inflammatory Bowel Disease (“IBD”), which includes Crohn’s Disease and Ulcerative Colitis. Crohn’s Disease can affect any part of the intestine from the mouth and esophagus and small intestine and also the large intestine (colon). The majority of people with Crohn’s Disease have disease in the last part of the small intestine (ileum) where it joins the colon, and this causes swelling and narrowing of this area producing symptoms. This is why Crohn’s Disease is sometimes referred to as “Ileitis” or “Regional Ileitis”.

The symptoms of Crohn’s Disease often go along with the site of the intestine that is involved. Many patients get recurrent ulcers or canker sores in the mouth. They may have symptoms of swallowing difficulty, heartburn or upper abdominal pain. If the lower part of the ileum is primarily affected, patients would also present with recurrent pain, often after meals, diarrhea and weight loss. Weight loss in this type of Crohn’s Disease often results from patients restricting their eating because eating often brings out more severe symptoms. When the colon is affected by Crohn’s Disease (Crohn’s colitis) the patients may experience blood in the stool or more often diarrhea with blood and a sense of urgency when going to the bathroom. In addition to the gastrointestinal symptoms, some patients may also develop symptoms outside of the intestine known as extra intestinal manifestations. These include unexplained fevers, weight loss, inflammation of joints (arthritis), skin rashes, commonly painful swelling in the front of the shins known as erythema nodosum, eye inflammation (uveitis) that causes pain and sensitivity to light. Patients with Crohn’s Disease may also experience disease around the anal opening such as painful fissures, swellings or abscesses or small openings known as fistulas that may drain blood or pus. Physical signs that your doctor may look for would be: signs of paleness, associated with anemia; poor growth or weight gain in children; weight loss; swelling or tenderness in the lower right side of the abdomen where the ileum is and disease around the anus. We would also look for sores in the mouth or any abnormalities in the eye, on the skin or in the joints. Delay in developing signs of puberty may also occur.
Testing for Crohn’s Disease

Most patients would have blood screening tests first, which often show signs of inflammation including a high sedimentation rate (ESR) or C reactive protein (CRP). Many patients have signs of a low hemoglobin or anemia (low red blood cell count), high platelet count and low protein in the blood. Usually liver enzymes are checked also as liver disease rarely coincides with inflammatory bowel disease. X-ray testing is also done to identify areas of the bowel that are swollen or inflamed. This usually involves an upper GI with small bowel follow through series where the patients drink barium and the barium is followed through from the stomach all the way to the colon. Barium enema may be performed to look for evidence of ulceration or disease in the colon, but this has largely been replaced by colonoscopy. If upper intestinal Crohn’s Disease is suspected an upper endoscopy can be performed where an endoscope is inserted through the mouth and the surface lining of the esophagus, stomach and intestine can be visualized and biopsies can be taken if necessary. The colonoscopy is usually the key investigation for the diagnosis of Crohn’s Disease. In this test the endoscopic tube is inserted into the rectum and moved forward to visualize the entire colon and into the valve where the small intestine joins the colon so that the ileum can be examined directly. A small tweezer can be passed through the endoscope to take small scrapings or biopsies of the surface of the intestine that can be examined under the microscope. By examining slides made from these biopsies, the characteristic inflammation seen with Crohn’s Disease can be seen. A combination of blood screening tests, x-rays, endoscopic appearance and biopsies would all contribute to making a firm diagnosis of Crohn’s Disease. Further information can be found at:

North American Society for Pediatric GI [www.naspghan.org](http://www.naspghan.org)

Crohn’s and Colitis Foundation of Canada [www.ccfc.ca](http://www.ccfc.ca)

Treatment for Crohn’s Disease

Treatment for Crohn’s disease is complicated depending on the site and extent of the disease. Surgery is sometimes used. The approach should be discussed with your doctor. We often think of medications as those that get patients into remission and those that are used for maintenance. Treatments used include:
Remission
- Prednisone
- Budesonide
- Anti TNF Antibody (Remicade, Infliximab Humera)

Maintenance
- 5-ASA (Pentasa, Salofalk, Asacol, Azulfidine)
- Imuran or 6-MP
- Nutritional support or therapy
- Multi-vitamin with iron
- Iron Supplements

Miscellaneous
Avoid Advil, Motrin or other non-steroidal anti-inflammatory drugs in patients with inflammatory bowel disease as this may exacerbate their condition. Acetaminophen (Tylenol) can be used for fever etc. We also try to avoid stronger pain medication such as narcotics (codeine, morphine) and over the counter anti-diarrhea medication such as Imodium.

Patients taking prednisone may decrease the body’s natural production of cortisone from the adrenal glands. Prednisone must be slowly tapered and not stopped abruptly. If the patient is vomiting and can’t take the prednisone they need to go to hospital to receive this by intravenous.

The overall goal of therapy is to maintain the patients on the minimal treatment that keeps them healthy and functioning well in activities including school and sports. It is important to tell your doctor if symptoms are interfering with daily activities.