Intermountain® Healthcare

Crohn's Disease

What is it?

Crohn's disease is a disease of the digestive tract. It causes patches of inflammation (swelling) that can affect any part of the digestive tract, from the mouth to the anus. It most often affects the lower part of the small intestine (called the **ileum**). The swelling spreads deep into the lining of the tissue.

Crohn's disease is a type of inflammatory bowel disease (IBD). It is similar to, but not the same as, ulcerative colitis. Ulcerative colitis only affects the large intestine and only the top layers of tissue.

There's no known cure for Crohn's disease, but there's a lot you can do to reduce the symptoms.

What are the symptoms?

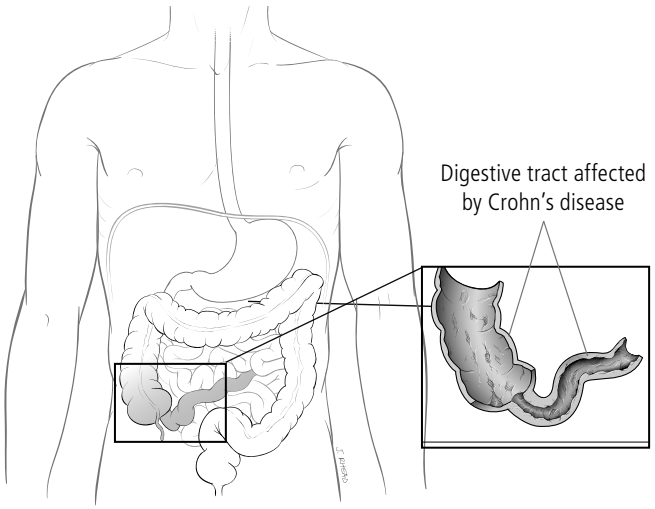
Symptoms can come and go. You may have long periods with no symptoms at all. When you do have symptoms, they may include:

- Abdominal pain and cramping
- Diarrhea
- Bleeding from the rectum, or blood in your stool
- Reduced appetite and weight loss

In the most serious cases, you might also have fever, fatigue, eye inflammation, constipation, joint pain or rectal pain.

What are the risk factors?

Crohn's disease is an **autoimmune disease.** Your body's immune system is responsible for protecting your body from invading illness. With an autoimmune disease such as Crohn's diseases, your immune system attacks your healthy tissue by mistake. Doctors don't know exactly what causes this to happen.



Crohn's disease can develop in any part of the digestive tract. It's most common in the area where the small intestine meets the large intestine.

Doctors do know certain factors that put you at greater risk for Crohn's disease. These include:

- **Age.** Most people first get it between the ages of 20 and 30. You can get it at any age, however, even in childhood.
- **Ethnicity.** White people have a higher risk than other ethnic groups. People of Ashkenazi Jewish descent are also at risk.
- **Family history.** About 20% of people with Crohn's disease have a person in their immediate family who also has it.
- **Where you live.** You're at greater risk if you live in a city, in a developed country, and in a northern climate.
- **Certain medications,** such as steroids. Isotretinoin (Accutane) is a steroid medication used to treat acne. Some studies show people who use it get Crohn's disease more often.
- **Smoking.** Smoking will make your Crohn's disease more serious and make you more likely to need surgery. If you smoke, quit.

How does my doctor test for it?

You may have a series of tests to find out if you have Crohn's disease. These often include:

- **Blood tests** to check for anemia and make sure your cells are getting enough oxygen.
- **A stool sample test** to see if there is bleeding or infection in your intestines.
- **A colonoscopy** so the doctor can look at the lining of your intestine and see if the tissue is inflamed. The doctor can also take a tissue sample (biopsy) to send to a laboratory for analysis.

How is Crohn's disease treated?

Once you have Crohn's disease, it doesn't go away. The goal of treatment is to reduce inflammation, improve nutrition, and relieve other symptoms such as diarrhea and bleeding. Treatment can sometimes stop your symptoms for long periods of time. Treatments may include:

- **Medications.** Most people are first treated with anti-inflammatory medications. Other medications may include immune system suppressors, antibiotics, and anti-diarrheal medications.
- **Nutrition.** Your doctor may recommend nutritional supplements for a short time. If your bowel needs to rest, you may be given nutritional supplements through a feeding tube or directly into a vein.
- When you have symptoms, eating a high-calorie, high-protein diet can prevent malnutrition and weight loss. Specific food choices don't appear to make most symptoms better or worse. When you have diarrhea and cramping, however, it may help to avoid foods such as whole grains, spices, alcohol, and milk products.
- **Surgery.** If medications don't control your symptoms, you may need surgery. About two-thirds of patients with Crohn's disease will need surgery at some point. Crohn's disease can still come back after surgery, however.
  - **Bowel resection** surgery can be done to remove a diseased part of the colon.
  - **Colectomy** is surgery to remove the entire colon.
  - **Other surgeries** can be done to correct complications such as blockage, perforation (a tear), abscess (a puss-filled area), or bleeding in the intestine.

What are the complications?

Crohn's disease can get worse over time. Some people may develop complications such as:

- **Bowel obstruction.** Crohn's disease can thicken the wall of your intestine and block the flow of digestive contents.
- **Sores (ulcers).** Crohn's disease can cause open sores anywhere on your digestive tract. Sometimes the sores break all the way through the tissue and into surrounding organs. These breaks are called **fistulas** and are a serious problem.
- **Nutritional problems,** such as not enough protein. People with Crohn's disease often want to eat less and have trouble getting enough nutrition.

When should I call a doctor about my Crohn's disease?

See your doctor if you have:

- Continued changes in bowel habits
- Severe abdominal pain or rectal pain
- Blood in your stool
- Ongoing diarrhea that does not respond to over-the-counter medications
- Weight loss
- Fever

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