

## **CROHN'S DISASE**

### **What is Crohn's disease?**

Crohn's disease is a chronic disease characterized by the inflammation of and formation of ulcers (wounds) in the digestive tract. It can be seen anywhere in the digestive tract from the mouth to the anus, but it is most frequently seen in the lower part of the small intestine and the colon. It is a long-term, chronic disease but one where treatment is possible. Ulcerative colitis which shows some similar symptoms to Crohn's disease but only causes inflammation of and ulcers in the colon, and Crohn's disease form an important part of inflammatory bowel diseases.

### **Who usually has Crohn's disease?**

The disease is seen more often in higher socioeconomic groups of the society and those who live in urban environments. It doesn't pass directly from the mother to the child. But with patients who have blood relatives with inflammatory bowel diseases (Crohn's disease and ulcerative colitis), the frequency of this disease occurring changes between 5 and 20 percent.

### **What causes Crohn's disease?**

The cause for Crohn's disease is still not known. It is thought that an unknown environmental or bacterial factor triggers an abnormal inflammatory reaction in the gastrointestinal tract, especially in individuals who are genetically more inclined to the disease. But it is well known that smoking, usage of medication for rheumatism or pain killers, hormonal changes and different infections cause Crohn's disease to flare up.

### **What are the symptoms of Crohn's disease?**

1. Abdominal pain,
2. Diarrhoea (sometimes bleeding),
3. Loss of appetite, weight loss,
4. Weakness, fatigue,
5. Anemia, looking pale,
6. Occasional fever, feeling cold, shivering,
7. In some patients nausea, vomiting, bloating, blockage of intestines, constipation,
8. In some patients, wounds in the mouth, redness and burning in the eyes, arthritis, skin problems and abnormalities in liver function tests,
9. In some patients, tunnels forming between the intestines and other organs or between the skin and anus (fistulas). Leaking from these areas. Lumps and wounds in the anus,
10. Occasional blockage of the intestines, along with abdominal pain and constipation attacks.

### **How is Crohn's disease diagnosed?**

Crohn's disease can be diagnosed with the help of the patient's account of symptoms, physical examination,

laboratory findings and observing the small and the large intestines through visualisation methods. It is important checking the patient's stool and blood in the laboratory. The large intestine and the bottom part of the small intestine can be examined in a detailed way with a fiber optic and flexible instrument called a colonoscopy. As the stomach and intestinal tract are not sensitive to biopsies, parts can be taken from the diseased areas without the patient feeling anything. Evaluating these parts pathologically with a microscope enables the disease to be diagnosed. In addition, radiological examination of the small intestine, computerized tomography of the abdomen and magnetic resonance imaging also help in making the diagnosis. All the symptoms of the disease may not be occurring at the same time. Sometimes it can start with only complaints of weakness or fatigue due to latent anemia or swelling in the joints. In some patients, the very beginning of the disease shows similarities to appendicitis and diagnosis is made during surgery which is started on the assumption that it is appendicitis.

### **How is Crohn's disease treated?**

The treatment of Crohn's disease is determined according to the severity of the disease and the area where it's occurring (small intestine, large intestine, anus, etc.) Treatment is usually started with drugs taken orally or enemas given through the anus . In cases where these drugs are not effective or in cases where the disease progresses quite severely from the beginning, then corticosteroid drugs given orally or intravenously will be added to the treatment. A drug which has been used for the past decade and is given intravenously every two months called infliximab has made an important contribution to the treatment of the disease. Adalumimab is also another subcutaneous treatment for Crohn's patients. The opportunity for joining to the international drug studies is also possible in our center. In cases where treatment with medication is not adequate, then surgical treatment is necessary.

### **Diet in Crohn's disease**

As in [ulcerative colitis](#), in Crohn's disease as well, it has not been scientifically proven that any particular kind of diet is useful or any particular kind of food is harmful. Lactose intolerance which is seen at a frequency of between 5-10 percent in society can contribute to already existing diarrhoea. In this case, avoiding milk and dairy products and consuming only milk with lactase can be recommended. As aspirin and medication for rheumatism can flare up ulcerative colitis, the usage of these drugs should also be avoided. In general, the patients should try to follow a balanced and healthy diet.