

CROHN'S DISEASE (REGIONAL ENTERITIS)

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- It is a chronic inflammatory disease of the ileum.
- It can affect any part of the gastrointestinal tract from the lips to the anal margin, but ileocolonic disease is the most common presentation.
- It is slightly more common in women than in men, but is most commonly diagnosed in young patients between the ages of 25 and 40 years.
- No causative organism has ever been found.
- Smoking increases the risk threefold.
- Genetic factors are thought to play a part.

- The transmural inflammation leads to adhesions, inflammatory masses with mesenteric abscesses and fistulae into adjacent organs.
- There are **non-caseating giant cell granulomas**,
- The serosa is usually opaque, there is thickening in the mesentery, and mesenteric lymph nodes are enlarged.
- The condition is discontinuous, with inflamed areas separated from normal intestine, so called **skip lesions**.

The main surgical principle is to preserve functional gut length and maintain gut function. If, on occasion, CD is diagnosed during the course of an operation for suspected appendicitis, the appendix should be removed.

1 Ileocaecal resection is the usual procedure for ileocaecal disease with a primary anastomosis between the ileum and the colon .

2 Segmental resection. Short segments of small or large bowel involvement can be treated by segmental resection. The usual indication is stricture.

3. Strictureplasty. Multiple strictured areas of CD can be treated by a local widening procedure, strictureplasty, to avoid excessive small bowel resection