

Crohn's Disease: Gastroduodenal Involvement

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Introduction

Crohn's disease is an auto-immune disease affecting the whole gastrointestinal tract from the mouth till the anus [1]. It was named after Dr. Burrill B Crohn, who in 1932 described the first case along with other colleagues. It is a chronic disease with remissions and exacerbations with many extraintestinal symptoms. It can affect all ages, both genders, and ethnicities.

Involvement of the stomach and the duodenum are quite rare compared to the ileal and colonic involvements represent less than 5% of all Crohn's patients, making it quite challenging in the diagnosis and require a high suspicious index [2].

Discussion

Gastroduodenal Crohn's disease is a subtype of Crohn's disease which the disease affects the stomach and duodenum through all layers, causing mainly weight loss, abdominal pain, loss of appetite, bloating, and early satiety. Rarely the presentation may be hematemesis and or melena, however, iron deficiency anemia is a common finding. When bleeding occurs it is mostly secondary to aphthous ulcerations [2].

While the diagnosis is quite challenging, there are clues to it: 1- New onset of upper gastrointestinal tract symptoms in patient already diagnosed with Crohn's disease; 2- Endoscopically inflamed gastric and duodenal mucosa with or without presence of aphthous ulcers especially if skip lesion pattern detected; 3- Radiologically by detecting cobblestoning and duodenal irregularities; 4- Pathologically detecting inflammation affecting all wall layers, focal infiltration, and presence of non-caseating granuloma with may only be found in less than 20% of cases and its absence can't negate the diagnosis [2].

The complication of gastroduodenal Crohn's seems to be the same as ileal or colonic Crohn's disease-like fistula, abscess, stricture, perforation, bleeding, and malnutrition.

The management mainly depends on high dose proton pump inhibitors and good nutritional support. Surgery remains an option for some complication but has no role in treating the disease [3].

Bibliography

1. Kefalas CH. "Gastroduodenal Crohn's disease". *Proceedings (Baylor University. Medical Center)* 16.2 (2003): 147-151.
2. Sullivan M., *et al.* "Isolated Gastroduodenal Crohn's Disease". Paper presented at the American Journal of Gastroenterology (2014).
3. Gomollón F, *et al.* "3rd European evidence-based consensus on the diagnosis and management of Crohn's disease 2016: part 1: diagnosis and medical management". *Journal of Crohn's and Colitis* 11.1 (2016): 3-25.

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