CANTERBURY
Endoscopy & Gastroenterology

Crohn's Disease

Crohn's Disease is a type of chronic inflammatory bowel disease, which can cause inflammation and tissue damage anywhere along the digestive tract, from the mouth to the anus.
Unlike ulcerative colitis, which affects only the large bowel, Crohn's disease can affect any part of the digestive tract and often occurs in a "patchy" pattern, with normal bowel in between inflamed areas (called "skip lesions").

What are the patterns of bowel involvement in Crohn's Disease?

Crohn's disease can cause inflammation that goes deeper than the inner lining of the bowel — it can affect the bowel wall all the way through. Over time, this may lead to complications such as:

- **Narrowing (strictures):** Parts of the bowel can become tight or narrowed because of long-term inflammation and scarring. This can sometimes cause cramping, bloating, or a blockage.
- **Fistulas:** Small abnormal passages can form between the bowel and nearby areas, such as the skin, bladder, or another part of the bowel.
- **Peri-anal disease:** Some people get inflammation, small skin tags, painful lumps/boils (abscesses), or small draining tracts near the anus.

What are the common symptoms of Crohn's Disease?

Symptoms of Crohn's Disease can be quite varied, and depend on which part of the digestive tract is affected, but can include:

- Chronic diarrhoea and abdominal pain.
- Fatigue and general malaise.
- Weight loss and reduced appetite.

Other symptoms can include:

- Joint pains
- Sore, red eyes
- Mouth ulcers
- Painful and swollen skin patches, especially shins

How is Crohn's Disease diagnosed?

A combination of tests is used to diagnose IBD and monitor response to treatment. These may include:

- Colonoscopy & Gastroscopy: These allow direct assessment of the lining of the gut for inflammation and take small tissue samples (biopsies) for microscopic examination.
- Capsule Endoscopy: This involves swallowing a miniature camera, roughly the size of a vitamin pill, to capture high-resolution images of the small intestine that are inaccessible via standard gastroscopy and colonoscopy. It is a non-invasive tool used primarily to identify early inflammation or ulceration within the deep segments of the small bowel.

- MR or CT Enterography: These specialized scans provide cross-sectional imaging of the entire bowel wall and surrounding abdominal cavity. They are essential for detecting "transmural" complications that occur beyond the surface lining, such as strictures (narrowing), fistulas, or abscesses.
- Faecal Calprotectin: A non-invasive stool test that measures the level of inflammation in the bowel.
- Blood Tests: To check for signs of inflammation (CRP), anaemia, and nutritional deficiencies.

How is Crohn's Disease treated?

The goal of treatment is to achieve deep healing of the bowel wall, and prevent long-term damage and surgery.

1. Medical Therapy

- Corticosteroids: Used briefly to "bridge" the gap until long-term medications take effect. These can be taken as tablets, or occasionally delivered directly to site of inflammation as enemas.
- Immunomodulators: Medications such as Azathioprine or Methotrexate that work by dampening the overactive immune system response. These are often used as "maintenance" therapy to keep the disease in remission over the long term.
- Biologic therapy and small molecules: These are advanced, targeted treatments (given via injection or infusion, or as tablets) that block specific proteins in the immune system responsible for inflammation. These are typically reserved for moderate-to-severe disease that has not responded to traditional therapies.
- Diet therapy: Occasionally, some patients may be recommended to have Exclusive Enteral Nutrition (EEN), a specialized dietary treatment primarily used to treat active Crohn’s Disease. It involves using a complete liquid formula (such as Ensure or Fortisip) as the sole source of nutrition for a period of 6 to 8 weeks, with no solid food permitted during this time.

2. Lifestyle: The Role of Smoking

Smoking remains a significant risk factor in Crohn’s Disease. It is associated with more frequent flare-ups, a higher risk of complications, and a greater likelihood of requiring surgery. It is therefore very important for patients to cease smoking completely. There are several types of supports available in community to help quit smoking.

3. Surgical Intervention

Surgery is used to treat specific complications like strictures or fistulas, especially when medical therapy is insufficient. Because the disease can recur, surgery is not curative, and maintenance medication is usually continued going forward to protect the remaining healthy bowel.

4. Cancer Surveillance:

Given slightly increased risk of cancer in patients with Crohn's disease, regular surveillance colonoscopy is recommended after 8 years of diagnosis. Regular surveillance colonoscopy help

in detecting pre-cancerous lesions, which may be amenable to endoscopic resection, thereby reducing risk of developing bowel cancer.
Patients with co-existing primary sclerosing cholangitis (PSC) have higher risk of developing colorectal cancer and are recommended to undergo annual colonoscopy from the time of diagnosis.

Where can I find further support?

For many patients, connecting with others who understand the journey of living with IBD is an invaluable part of management. We highly recommend joining Crohn's and Colitis New Zealand (CCNZ), a nationwide charitable trust dedicated to supporting IBD patients and their whānau.

- Resources: Access to patient-led support groups, educational resources and events, and the "I Can't Wait" toilet card.
- Advocacy: CCNZ works at a national level to improve access to medications and specialist care for all New Zealanders.
- How to Join: Visit www.crohnsandcolitis.org.nz to access local Christchurch support networks.