

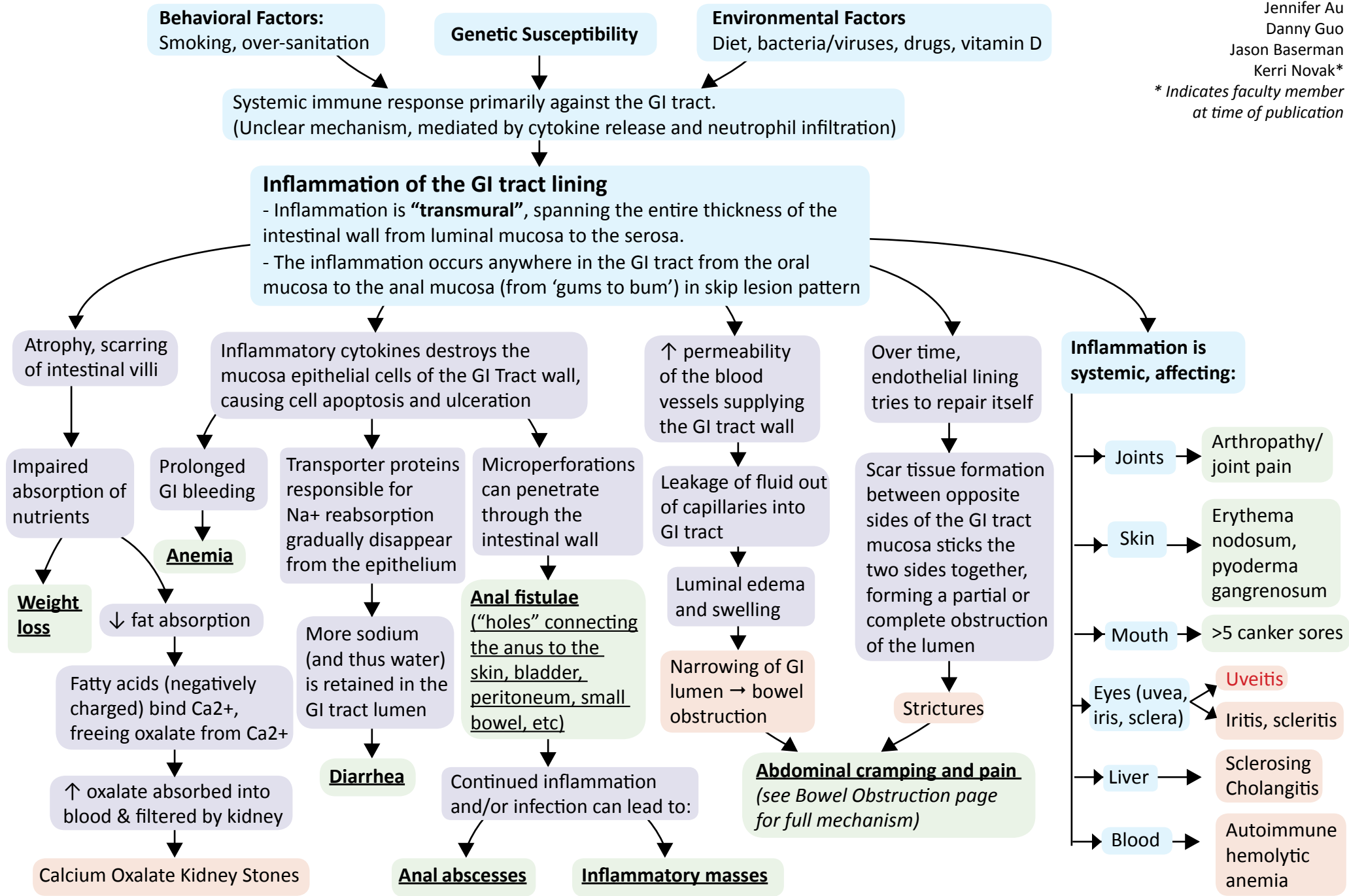
Inflammatory Bowel Disease:

Clinical Findings in Crohn's Disease

Authors:
Yan Yu
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Reviewers:
Jennifer Au
Danny Guo
Jason Baserman
Kerri Novak*

* Indicates faculty member at time of publication



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Behavioral Factors:

In UC, smoking and appendectomy are actually protective (unknown reason)

Genetic Susceptibility

Environmental Factors

Diet, bacteria/viruses, drugs

Immune response against the GI tract. (Unclear mechanism, but thought to be mediated by cytokine release and neutrophil infiltration)

Inflammation of the GI tract epithelial lining

- starting at the rectum and moves up the colon and is continuous (does not invade the small intestine)
- inflammation affects the mucosal and submucosal only

Diarrhea, abdo pain and cramping causing avoidance of food

Weight loss

apoptosis of GI tract mucosa

transporter proteins responsible for Na⁺ reabsorption gradually disappear from the epithelium

More sodium (and thus water) is retained in the GI tract lumen

Bloody Diarrhea, usually bloody due to anal bleeding and ulceration bleeding

ulceration, into the anus, and more severe

Prolonged Bleeding – GI and anus

Anemia, often iron deficiency

Inflammation ↑ permeability of the blood vessels supplying the GI tract wall!

Fluid leak out of capillaries into GI tract wall, causes edema and swelling

Swelling narrows the GI tract lumen, causing bowel obstruction

Abdominal Cramping and pain (see *Bowel Obstruction page for full mechanism*)

Inflammation, ulceration, or infection at the anus (*all involve the RECTUM!*)

Anal irritation stimulates autonomic and somatic nerves leading up to the brain, causing the pt to want to defecate

Tenesmus, urgency, frequency (feeling or urgency to defecate, but little stool is produced)

Inflammation is systemic, affecting:

Joints

Arthropathy/ joint pain

Skin

Erythema nodosum, pyoderma gangrenosum

Mouth

>5 canker sores

Eyes (uvea, iris, sclera)

Uveitis
Iritis, scleritis

Liver

Sclerosing Cholangitis

Blood

Autoimmune hemolytic anemia