What is Crohn’s Disease?

Named after Dr. Burrill B. Crohn, who first described the disease in 1932 along with colleagues Dr. Leon Ginzburg and Dr. Gordon D. Oppenheimer, Crohn’s disease belongs to a group of conditions known as Inflammatory Bowel Diseases (IBD). Crohn’s disease is a chronic inflammatory condition of the gastrointestinal tract.

When reading about inflammatory bowel diseases, it is important to know that Crohn’s disease is not the same thing as ulcerative colitis (http://www.ccca.org/what-are-crohns-and-colitis/what-is-ulcerative-colitis/), another type of IBD. The symptoms of these two illnesses are quite similar, but the areas affected in the gastrointestinal tract (GI tract) are different.

Crohn’s most commonly affects the end of the small bowel (the ileum) and the beginning of the colon, but it may affect any part of the gastrointestinal (GI) tract, from the mouth to the anus. Ulcerative colitis is limited to the colon, also called the large intestine.

Recognizing the Signs and Symptoms

Crohn’s disease can affect any part of the GI tract. While symptoms vary from patient to patient and may be more common than others, the tell-tale symptoms of Crohn’s disease include:

- Persistent Diarrhea
- Rectal bleeding
- Urgent need to move bowels
- Abdominal cramps and pain
- Sensation of incomplete evacuation
- Constipation (can lead to bowel obstruction)

General symptoms that may also be associated with IBD:

- Fever
- Loss of appetite
- Weight Loss
- Fatigue
- Night sweats
- Loss of normal menstrual cycle

Even if you think you are showing signs of Crohn’s Disease symptoms, only proper testing performed by your doctor can render a diagnosis.

People suffering from Crohn’s often experience loss of appetite and may lose weight as a result. A feeling of low energy and fatigue is also common. Among younger children, Crohn’s may delay growth and development.

Crohn’s is a chronic disease, so this means patients will likely experience periods when the disease flares up and causes symptoms, followed by periods of remission when patients may not notice symptoms at all.

In more severe cases, Crohn’s can lead to tears (fissures) in the lining of the anus, which may cause pain and bleeding, especially during bowel movements. Inflammation may also cause a fistula to develop. A fistula is a tunnel that leads from one loop of intestine to another, or that connects the...
in the bladder, vagina, or skin. This is a serious condition that requires immediate medical attention.

The symptoms you or your loved one experience may depend on which part of the GI tract is affected. Read more about the Types of Crohn's Disease and Associated Symptoms [here](http://www.crohnsandcolitis.org/what-are-crohns-and-colitis/what-is-crohns-disease/types-of-crohns-disease.html).

**What are the Causes of Crohn's Disease? Who is Affected?**

Crohn's disease may affect as many as 700,000 Americans. Men and Women are equally likely to be affected, and while the disease can occur at any age, Crohn’s is more prevalent among adolescents and young adults between the ages of 15 and 35.

The causes of Crohn's Disease are not well understood. Diet and stress may aggravate Crohn's Disease, but they do not cause the disease on their own. Recent research suggests hereditary, genetics, and/or environmental factors contribute to the development of Crohn's Disease.

The GI tract normally contains harmless bacteria, many of which aid in digestion. The immune system usually attacks and kills foreign invaders, such as bacteria, viruses, fungi, and other microorganisms. Under normal circumstances, the harmless bacteria in the intestines are protected from such an attack. In people with IBD, these bacteria are mistaken for harmful invaders and the immune system mounts a response. Cells travel out of the blood to the intestines and produce inflammation (a normal immune system response). However, the inflammation does not subside, leading to chronic inflammation, ulceration, thickening of the intestinal wall, and eventually causing patient symptoms.

Crohn's tends to run in families, so if you or a close relative have the disease, your family members have a significantly increased chance of developing Crohn's. Studies have shown that 5% to 20% of affected individuals have a first-degree relative (parents, child, or sibling) with one of the diseases. The risk is greater with Crohn's disease than ulcerative colitis. The risk is also substantially higher when both parents have IBD. The disease is most common among people of eastern European backgrounds, including Jews of European descent. In recent years, an increasing number of cases have been reported among African American populations.

The environment in which you live also appears to play a role. Crohn's is more common in developed countries rather than undeveloped countries, in urban rather than rural areas, and in northern rather than southern climates.