Crohn's Disease Assessment

Crohn's disease is an inflammatory bowel disorder that can involve any segment of the GI tract from the mouth to the anus but preferentially is found in the terminal ileum. The disease is characterized by periodic remissions and exacerbations.



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Diarrhea
Toilet
Crohn’s disease typically has non-bloody stools with patients experiencing 5-6 loose stools per day. Bloody diarrhea is less common in Crohn's disease, in contrast to patients with ulcerative colitis who often have bloody stools. The stools often contain large amounts of fat due to malabsorption, which is termed steatorrhea.

5-6 per day
(5) Hand to (6) Sax
The patient may experience 5-6 soft, loose stools per day, which are usually non-bloody. It is important to assess the number of stools along with amount, consistency, odor, and color.

Cramping Abdominal Pain
Abdominal Clamps with Pain-bolts
Abdominal pain characterized with cramping occurs often. Abdominal pain is typically confined to the lower abdominal quadrants.

Fever
Fever-beaver
Transmural inflammation of the bowel mucosa may cause a fever in some patients and is not required for diagnosis. This fever is often intermittent and described as low grade (99°F-100°F).

Weight Loss
Skinny with Baggy-pants
Many patients experience weight loss because of frequent stooling and decreased absorption of calories. Patients may also lose weight, because they consume less food in anticipation of the fear of future abdominal pain. This weight loss may be profound and is usually unintentional.

Malabsorption
Intestinal-mallet
Frequent stools and intestinal inflammation cause a decreased amount of time for intestinal mucosa to absorb vitamins and nutrients as well as decreased surface area. This leads to nutritional deficiencies, especially of fat soluble vitamins A, D, E, & K. This is because this disease often affects the small intestine where these nutrients are absorbed.

Anemia
Anemone
Anemia is a finding in these patients because B12 is primarily absorbed in the terminal ileum, the most common primary site of Crohn’s inflammatory process. The lack of B12 causes a megaloblastic anemia. If the disease process affects the duodenum, then patients may present with iron deficiency anemia.

Complications

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Obstruction

Obstructed intestines

Patients often have complications from inflammation which causes scarring and stricture formation. These potentiate megacolon and ileus formations. This stasis of stool often leads to intestinal obstructions. Intestinal obstructions in these patients often requires surgical intervention.

Fistulas

Fist-shaped-tunnel

Fistulas are abnormal openings between two adjacent hollow organs. They occur in Crohn's disease most commonly as bowel-bladder fistulas, which will allow fecal matter into the urine termed fecaluria. Fistulas often create high risk scenarios for urinary tract infections, peritonitis or abscesses depending on where the fistula is located.

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