

# International Conference and Exhibition on Gastrointestinal Therapeutics

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### Fresh look at Crohn's disease

Incidence of Crohn's disease (CD) has been increasing worldwide. CD is characterized by remission and relapse. CD is an outcome of interactions between genetic predisposition, environmental factors and the subsequent reaction of the host immune system. CD can be diagnosed according to clinical (abdominal pain, diarrhea, weight loss, rectal bleeding), laboratory (ASCA in 60%, ANCA in 10%, ESR, hs CRP, calprotectin), radiology (ileocecal mass, stricture, fistula), colonoscopy (aphthous ulceration, cobblestoning, strictures, fistulae) and histology (transmural, skip lesions, ulceration, granuloma). Goals of treatment are clinical improvement, induction of remission, maintenance of remission, corticosteroid weaning, maintained tissue healing, and prevention of complications. Remission means clinical remission, steroid free remission, endoscopic remission and histologic remission. Poor prognostic factors of CD are young age, loss of body weight, high ASCA±calprotectin±lactoferrin, perianal disease, extensive disease, deep ulcer or severe upper GIT disease. Treatment includes diet and lifestyle modification (low residue diet, no intake lactose-containing foods and stop smoking). Amino salicylate was used (5-ASA in mild-to-moderate colonic CD and in maintenance of remission of CD after surgery), corticosteroids (in mild-to-moderate CD and failure of response to 5-ASA) and immuno-modulator medications (6-mercaptopurine, azathioprine, methotrexate and biologic therapy (infliximab and adalimumab). It is concluded that CD is chronic progressive disease. Failure to treat CD early and effectively leads to serious complications and disability. Corticosteroids are not useful in maintaining remission in CD or in preventing relapse after surgery. Azathioprine & 6-MP are not suitable for induction of remission. Biologic therapy maintains clinical remission, discontinues steroids, achieves mucosal healing, reduces the rate and duration of hospitalization in CD patients and reduces the number of surgeries/procedures in CD patients.

### Biography

Ehab Abd-El-Atty completed his PhD from Faculty of Medicine, Menoufia University, Egypt and Master's degree of Medical Sciences from Faculty of Medicine, Catholic University, Leuven, Belgium. He is Professor of Internal Medicine, Hepatology and Gastroenterology, Faculty of Medicine, Menoufia University, Egypt. He has published more than 30 papers in reputed journals and has been serving as a Reviewer of *Menoufia Medical Journal (MMJ)*. He is a member of AASLD (*American Association for the Study of the Liver Diseases*), *ESGE (European Society of Gastrointestinal Endoscopy)* and *EASL (European Association for the Study of the Liver)*.

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