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Crohn's disease or abdominal tuberculosis?

A Forbes

This is an introduction to the Gut tutorial "Crohn's disease or abdominal tuberculosis?" hosted on BMJ Learning—the best available learning website for medical professionals from the BMJ Group.

A case-based discussion highlights recent trends in the investigation of patients suspected to have Crohn's disease and their management. The phenotype of Crohn's disease can be more accurately described using Vienna classification and formal assessment of disease activity can be performed using Crohn's Disease Activity Index or Harvey Bradshaw index, although their application in routine practice remains limited. Conventional tests, such as

barium follow through, are still useful in the investigation of patients with symptoms and signs suggestive of small bowel disease, whereas non-invasive tests, such as ultrasound, may assist in decision making, such as indication and timing of surgery in Crohn's disease. Ileocaectomy with removal of all macroscopic disease is followed by sustained remission for up to 10 years in roughly 30% of Crohn's disease patients who receive no further treatment. However, meta-analysis demonstrates a small but statistically significant benefit from the use of mesalazine in prolonging remission in patients in whom the remission has been obtained surgically. Limited data

available suggest that azathioprine provides benefit in the post-operative Crohn's patient. Stopping smoking is effective in prolonging remission in Crohn's disease.

To access the tutorial (Interactive Case History), click on BMJ Learning: Take this module on BMJ Learning from the content box at the top right and bottom left of the online article. For more information please go to: <http://gut.bmj.com/tutorials/collection.dtl>

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