Preface

Crohn Disease

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Though the initial description of “regional enteritis” was published by Crohn, Ginzburg, and Oppenheimer more than 80 years ago,¹ there is still much to be learned regarding the pathogenesis of Crohn disease and the management of the unfortunate patients afflicted with this disease. As gastroenterologists and colon and rectal surgeons, a great deal of our time and effort is directed toward helping patients with Crohn disease obtain relief from debilitating symptoms and regain an acceptable quality of life. Although the medical and surgical management of patients with Crohn disease has seen remarkable advances in recent years, we are still plagued with the issues of postsurgical recurrence, stoma avoidance, and medical intractability, among others. This issue of *Clinics in Colon and Rectal Surgery* is dedicated to the subject of Crohn disease. The authors of the articles you are about to read have a wealth of experience in dealing with the complexity of Crohn disease and have shared their expertise and insight on a variety of topics that I hope you will find educational and enjoyable.

The mainstay of treatment of Crohn disease centers on medical management, and this issue starts with a comprehensive review from Drs. Frank Scott and Mark T. Osterman from Philadelphia, PA, regarding the medical options available for the management of Crohn disease. As we all know, despite the excellent medical care provided by our gastroenterology colleagues, a majority of patients with Crohn disease will ultimately require some form of surgical intervention. Drs. Amit Sharma and Bertram T. Chinn from Edison, NJ, have written an excellent review of preoperative considerations for these patients, who are often less than ideal surgical candidates due to malnutrition, ongoing immunosuppression, and other factors that increase their risk for postoperative complications.

Surgical intervention for small intestinal, colonic, and anorectal disease comprises a large part of many of our practices. Obstruction due to fibrostenotic stricturing is one

of the main indications for surgery in Crohn disease, and Dr. Walid Hesham from Philadelphia and I have summarized the use of stricturoplasty in this setting. Drs. Traci L. Hedrick and Charles M. Friel from Charlottesville, VA, have provided an excellent review of the management of Crohn colitis. Anorectal complications from Crohn disease remain some of the most challenging problems that patients (and their surgeons) face, and Drs. Robert T. Lewis and Joshua I.S. Bleier from Philadelphia have reviewed the management of this particularly troubling aspect of Crohn disease.

Avoidance of a permanent stoma is of particular importance to many patients with Crohn disease, and Drs. Sean D. Martin and Jon T. Vogel from Cleveland, OH, have reviewed some of the restorative surgical options available for patients with Crohn disease. For patients with refractory anorectal disease who ultimately do require a proctectomy and permanent stoma, postoperative perineal wound complications can be especially difficult to manage; Drs. Allan Kamrava and Najjia N. Mahmoud from Philadelphia have compiled an excellent summary of the management of nonhealing perineal wounds. For patients who ultimately require a stoma, adjusting to life with a stoma can be difficult, and complications related to the stoma can be especially challenging. Drs. Michael Kwiat and Michitaka Kawata from Camden, NJ, have done an excellent job summarizing the most commonly seen stoma-related complications and have offered suggestions as to how to avoid them.

In recent years, we have seen several advances in both the surgical and medical management of Crohn disease. We have seen an exponential increase in the number of surgical procedures for Crohn disease being approached using minimally invasive surgical techniques, and Dr. Cary B. Aarons from Philadelphia has provided an excellent review of the current role of laparoscopy in the management of Crohn

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disease. The use of biological therapeutic modalities, such as antitumor necrosis factor agents, has also become commonplace in the management of Crohn disease, and we are now frequently asked to perform surgery, both elective and emergent, on patients who have been receiving these agents. The safety of surgery in this setting is a nascent area of research: In the final article in this issue, Dr. E. Carter Paulson from Philadelphia reviews the literature regarding surgery in patients receiving biological therapy.

Editing this issue has been both an enjoyable and an educational experience for me. Patients with Crohn disease remain some of the most challenging patients that we care

for, and staying abreast of the latest advances is of paramount importance to provide them with the best care that we can. I am extremely grateful that the authors of these articles have taken time away from their busy clinical practices and their families to provide their insight and provide the reader with this superb issue reviewing the management of Crohn disease.

Reference

- 1 Crohn BB, Ginzburg L, Oppenheimer GD. Regional ileitis, a pathological and clinical entity. *JAMA* 1932;99:1323–1329