

Crohn's Disease: An Overview of Pathogenesis, Diagnosis and Management

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DESCRIPTION

Crohn's disease is characterized by chronic inflammation that can affect any part of the Gastro Intestinal (GI) tract, from mouth to anus, although it most commonly targets the terminal ileum and colon [1]. The disease is marked by periods of exacerbation and remission and can lead to complications such as strictures, fistulas, and abscesses [2]. With rising prevalence globally, understanding and managing Crohn's disease is to improving patient outcomes [3]. Crohn's Disease (CD) is a chronic inflammatory condition affecting the Gastro Intestinal (GI) tract, often resulting in debilitating symptoms and reduced quality of life. It belongs to the group of conditions known as Inflammatory Bowel Diseases (IBD) and primarily impacts young adults, although it can occur at any age [4]. This communication outlines the pathogenesis, diagnosis, and current therapeutic approaches for Crohn's disease, focusing on recent advancements in personalized treatment and ongoing challenges in management [5].

Medications

Amino salicylates: Although commonly used for ulcerative colitis, aminosalicylates have limited efficacy in CD and are generally not first-line treatments [6].

Corticosteroids: These are used to control acute flares but are not recommended for long-term use due to side effects such as osteoporosis, hypertension and glucose intolerance [7].

Immunosuppressants: Azathioprine, mercaptopurine, and methotrexate are employed to reduce immune activity and maintain remission in patients who do not respond to other therapies [8].

Biologics: Tumor Necrosis Factor Anti-(TNF) agents (e.g. infliximab, adalimumab) have revolutionized CD treatment by targeting specific cytokines involved in inflammation. Newer biologics, such as vedolizumab and ustekinumab, provide additional options for patients who are refractory to anti-TNF therapy [9].

Small molecule therapies: Janus Kinase (JAK) inhibitors, like tofacitinib, are being investigated for their role in controlling inflammation by targeting intracellular signaling pathways [10].

CONCLUSION

Crohn's disease is a complex and challenging condition with a multifactorial etiology and a significant impact on patients' lives. Although current therapies have improved outcomes, there is still a need for better diagnostic markers and more effective, individualized treatments. Continued studies into the underlying mechanisms of CD and the development of personalized therapeutic strategies hold for improving the quality of life for those affected by this chronic disease. The role of the microbiome in CD pathogenesis is also an area of intense study, with therapies targeting microbiota composition (such as fecal microbiota transplantation) under investigation. Clinical trials are exploring the efficacy and safety of various microbiotamodifying therapies, with the hope of developing less invasive and more effective options for CD management.

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