REGIONAL ILEITIS
A PATHOLOGIC AND CLINICAL ENTITY

B. B. CROHN, M.D. L. GINZBURG, M.D. AND G. D. OPPENHEIMER, M.D.
NEW YORK
Read before the Section on Gastro-Enterology and Proctology at the Eighty-Third Annual Session of the American Medical Association, New Orleans, May 13, 1932
DEFINITION:

Based on the study of 14 cases.

Disease of the terminal ileum, affecting mainly young adults, characterized by a subacute or chronic necrotizing and cicatrizing inflammation.

Frequently leads to stenosis and formation of multiple fistulas.

Symptoms resemble those of ulcerative colitis: fever, diarrhea and emaciation.

The terminal ileum is alone involved and never transcends the limit of Bauhin's valve, appendix always “free from guilt“.
Specific clinical entity disintegrated from the general group of varied diseases spoken of as a "benign granuloma“:

- Foreign body
- Tumors
- Chronic perforating lesions with gross inflammatory reactions,
- Traumas of the mesentery, with intestinal reactions,
- Hodgkin's granuloma,
- Productive reaction to released strangulated hernias of the intestinal wall
PATHOLOGIC ANATOMY OF THE DISEASE:

Inflammatory process begins at the ileocecal valve, then proximally. Destructive ulcerative process, edema, bullous structure of the mucosa, cobblestone appearance. Later exudative reaction replaced by fibrostenotic process, mucosal atrophie.

Isolated lesions (oval mucosal ulcerations), about 1cm DM separated from the main hypertrophié mass by normal mucosa.

Limited to the distal 25 to 35 cm of the terminal ileum.

Thickened bowel wall.
MICROSCOPICALLY: various degrees of acute, subacute and chronic inflammation, with variations in the predominance of plasma cell, giant cells and fibroblastic elements.
PHYSICAL EXAMINATION
- mass in the right iliac region
- evidences of fistula formation
- emaciation and anemia
- the scar of a previous appendectomy and
- evidences of intestinal obstruction
CLINICAL COURSE OF THE DISEASE

-Signs of Acute Intra-Abdominal Inflammation
Pain and tenderness in the right lower quadrant and fever up to 38,5°C, leucocytosis.
Operation: thickened, red terminal ileum and mesentery, with edema
Resolution or more chronic phases of the disease.

-Symptoms of Ulcerative Enteritis
Periumbilical or lower abdominal pain.
Three to five bowel movements a day,
Stool: liquid , +/- pus, mucus, occult or visible blood.
T :37,5°C, weight loss

-Stenotic Phase
Cramps, borborygmus, vomiting and constipation , visible peristalsis . Symptoms may be present for years.

-Persistent Fistulas
May develop a few months after a original drainage operation, the wound meanwhile having healed abscess then develops in the wound ; abscess mass often communicates with the intestine (sigmoid , ascending colon and cecum).
ROENTGENOGRAPHIC OBSERVATIONS

Distended loops of terminal ileum, delay in motility of fluid.
DIFFERENTIAL DIAGNOSIS

Ulcerative colitis
(no fistulas except about the anus and rectum, only in severe cases involvement of the terminal ileum)

Ileocecal tuberculosis

Fibroplastic appendicitis or typhlitis

Lymphosarcoma

Hodgkin's disease

Carcinoma
TREATMENT

Palliative and supportive

Surgical resection of the diseased segment and side-to-side anastomosis (ileotransversostomy)

Restitution to complete health in thirteen out of fourteen cases

CAVE: annular anastomosis stenosis, apparently when resection had not been carried out sufficiently oral to the lesion.