

2. ACUTE COMPLICATIONS IN PATIENTS WITH CROHN'S DISEASE

Author: Glodeanu Olesea

Scientific adviser: Vladimir Iacob, MD, Associate Professor, *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova.

Introduction. Crohn's disease (CD) is a chronic, transmural, and segmental inflammatory disease of the gastrointestinal tract that can cause damage to the oral cavity up to the anus, being preferentially located in the terminal ileum. The prevalence of Crohn's disease is increasing, most often occurring between the ages of 16 and 40, but may also develop in older ages with an equal incidence in women and men. The etiology of Crohn's disease is unknown; however, numerous causes have been reported, such as genetic and infectious causes, immunological disorders, food, environmental and chemical factors, but no causes have been fully elucidated. Clinically, common symptoms include diarrhea, abdominal pain, rectal bleeding, fever, weight loss, and fatigue. CD has a chronic progressive evolution with severe remissions and exacerbations, as well as intestinal and extraintestinal complications.

Aim of study. To carry out a contemporary literature review and to elucidate the common acute complications of patients with Crohn's disease.

Methods and materials. Several articles over a period of ten years from the PubMed database have been reviewed.

Results. Complications in patients with CD are as follows: stenosis, fistulas, perforations, abscesses and obstruction. Intestinal stenosis is among the most common complications, due to narrowing of the intestinal lumen caused by fibrosis and edema. It manifests by intense colicky and intermittent abdominal pain. Fistulas are another complication of Crohn's disease, which are often blind and result in abdominal abscesses, which manifest as palpable, painful pseudotumors, fever and hyperleukocytosis. They can be enteroenteric, enterogastric, enterovaginal, enterocutaneous, enterovesical, and perianal. Perforations rarely occur as a complication, because in CD the inflammation extends from the submucosal layer to the serous one, thus forming adhesions with the intestinal loops. Abscesses occur in 20-40% of patients and are due to the transmural damage to the intestinal wall. The symptoms are localized and include pain, fever and a palpable mass.

Conclusion. Complications in patients with Crohn's disease develop as the disease progresses and in cases of extensive localization of the pathologic process.