

Crohn's Disease of the Elderly Patients

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ABSTRACT

Introduction :

- Crohn's disease (CD) in the elderly causes numerous problems, ranging from initial differential diagnosis with complications of diverticulosis, ischemic colitis, infectious or iatrogenic to specific therapeutic difficulties.

- Initial clinical presentation and natural history of CD in the elderly matter: they advocate for a conservative therapeutic attitude.

- We aim to study the clinical, therapeutic, and evolutionary aspects of CD in the elderly.

Patients and methods: This is a retrospective study of 147 patients (57 women and 90 men), having Crohn's Disease. Patients were divided into two sets according to age at diagnosis:

-group1(G1) > 60 y/o (14 patients).

-group2(G2) ≤ 60 y/o (133 patients).

All patients were studied for epidemiological, clinical, laboratory and therapeutic characteristics and results were compared.

Results : Sex distribution was statistically comparable between G1, G2.

- Regarding clinical manifestations: no notable difference between the two groups in diarrhea, occlusive syndrome, intra-abdominal abscess, appendicular syndrome, weight loss, and mucous emissions. However, ano-perineal manifestations were more frequent in young patients (p = 0.03).

- No significant difference between the two groups regarding anemic, deficiency, as well as inflammatory syndrome.

- Pancolitic involvement was most common in the elderly (85.7) but the difference was not relevant between both sets.

- Most of the patients in G1, G2 received corticosteroid therapy (57% of group 1 vs 65% of group 2), with no significant difference (p = 0.6).

Use of surgery was less frequent in the elderly (21.4% vs 27%) but statistically comparable between G1, G2 (p = 0.7).

-In our series, Azathioprine was the most prescribed maintenance treatment (for group1, 42% had received Azathioprine, 48% for group 2) with no difference between both groups. The evolutionary profile was favorable and statistically comparable between the two groups of patients.

Conclusion : These important data advocate a cautious therapeutic attitude in the elderly where the issues of changing natural history seem less important than in younger patients.