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CHRONOGRAPHY OF INFLAMMATORY BOWEL DISEASE

Year 1932: The first detailed description of regional enteritis☆

Año 1932: descripción inicial detallada de la enteritis regional

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In 1932, ulcerative colitis was already a recognized disease, and some cases had been published that, most likely, corresponded to Crohn's disease. However, intestinal tuberculosis was much more common, and the case series that was collected by Albert Berg in Mount Sinai Hospital, New York, was systematised in a publication by Burrill Crohn, which clearly distinguished regional enteritis from intestinal tuberculosis and already highlighted its primary clinical, radiological, and histological characteristics. We could discuss the opportuneness of the eponym, given that the contributions of Berg, Ginzburg and Oppenheimer were, surely, more important than Crohn as well as the convenience of assigning more generic names to diseases. This would be a waste of our time. As it stands, Crohn was the first author, and has lent his name to the disease. This is the first example of the need for interdisciplinary collaboration: only the conjunction of a pathologist, a surgeon, and an internist led to recognition that the disease was something different. Why is it recommended to read the original article? It is enjoyable, and very much so. The more familiar you are with Crohn's disease, the more you will enjoy this read.

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Regional ileitis: A pathologic and clinical entity

Crohn BB, Ginzburg L, Oppenheimer GD. JAMA. 1932;99(16):1323-29

1932: The first detailed description of regional enteritis

Regional ileitis

- Unknown origin.
- Only affects the terminal ileum.
- Characteristics:
  - Necrotic inflammation and scarring.
  - Disproportionate reaction of connective tissue.
  - Leads to stenosis of the intestinal lumen.

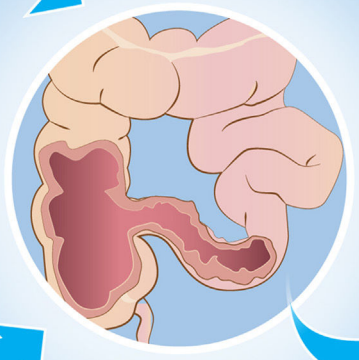
Symptoms

- Fever.
- Diarrhoea.
- Pain in lower abdomen.
- Weight loss.
- Anaemia.

Physical exam

Frequency

1. Mass in the right iliac fossa.
2. Evidence of the formation of fistulas.
3. Weight loss and anaemia.
4. Prior appendectomy.
5. Evidence of intestinal obstruction.



- **Complete hypertrophic process limited to the terminal ileum (25, 35 cm), including ileocaecal valve.**
- **The wall may be 2 or 3 times thicker than normal.**

Treatment

- **Surgery is the first option**

Clinical course

- Acute intraabdominal disease with peritoneal irritation.
- Symptoms of ulcerative colitis.
- Symptoms of chronic obstruction of the small intestine.
- Persistent fistulas in the lower right quadrant after drainage due to abdominal ulcer or abscess.

- **Differential diagnosis:**
  - Non-specific ulcerative colitis.
  - Ileocaecal tuberculosis.
  - Fibroplastic appendicitis.
  - Intestinal lymphosarcoma.
  - Actinomycosis.