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CHRONOGRAPHY OF INFLAMMATORY BOWEL DISEASE

Year 1938: First recognition of the perianal disease as part of Crohn's disease☆

Año 1938: primer reconocimiento de la enfermedad perianal como parte de la enfermedad de Crohn

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Crohn's disease is characterised by its aetiological, pathophysiological, and especially clinical complexity. It can manifest in many ways and in many locations. Surely one major cause of suffering is perianal disease. It is curious that, as early as 1938, it was recognized (by the same team that described it) that luminal intestinal disease was often accompanied by fissures, fistulas and/or abscesses in the perianal area. And not only this, given that they were able to recognize the importance of the inflammatory activity of the luminal disease, the difficulty of treatment, and the particular refractoriness of rectovaginal fistulas, or how sometimes perianal disease is the first manifestation of Crohn's disease. Eighty-one years later, perianal disease continues to be a complex phenotype of Crohn's disease, causing uncomfortable and serious conditions in patients, and with technical difficulties to treatment for doctors and especially for specialised surgeons.

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Perianal fistulae as a complication of regional ileitis

Penner A, Crohn BB. Ann Surg. 1938 Nov;108(5):867-73

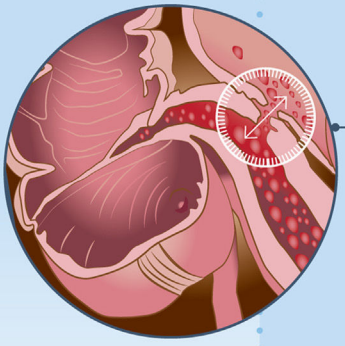
1938: First recognition of perianal disease as part of Crohn's disease

Diagnosis of regional ileitis

- Suspected, but without conclusive radiological findings.
- ≥1 perianal fistulous tract.
- Ulcerative proctitis or ulcerative colitis.

Fistulas

- Ulcerative colitis.
- Inflammatory bowel disease.
- Non-infectious diarrhoea.

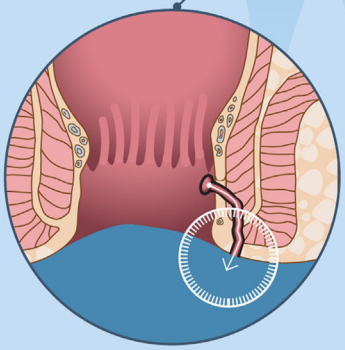


Intra-abdominal fistula

Intra-abdominal fistulas and sinuses are the first manifestation of regional ileitis, preceding even the patient's own awareness of suffering from an intestinal condition.

Perianal fistulas are a complication of regional ileitis

- First clinical manifestation.
- Local.
- Simple or multiple.
- With ileitis.
- Long and tortuous.
- Secondary infection that spreads longitudinally toward the anal verge.



Perianal fistula

Prior to operation on perianal fistula

Proctoscopy
(rule out ulcerative colitis).

Chest x-ray
(rule out tuberculosis).

History and physical exam.

Treatment of the perianal fistula

1. Surgical removal of the ileitis.
2. If it does not heal, local excision of the tract, curettage and sutures, as long as intestinal function has returned to normal.
3. Rectovaginal fistulas tend to require multiple attempts.