How to Approach the Patient With Mild Ileitis?

William Tremaine, M.D.
Maxine and Jack Zarrow Professor of Gastroenterology

Conflicts of Interest

• None
Case Presentation

- 26 year old woman
- Alternating constipation and diarrhea since her early teenage years. Otherwise healthy.
- Takes an oral contraceptive & Acetaminophen prn pain
- Recent rectal bleeding
- Colonoscopy

Terminal Ileum & Rectum
Ileum, granulomas, no inflammation
MR Enterography

Labs: normal

- Hemoglobin 12.1 g/dl
- WBC 5.5 x10^9/L
- CrP 4.4 mg/L
- ESR 25 mm/Hr
- Vitamin B12 641 ng/L
- Stool studies: no infection, no fecal leukocytes seen
More History

• Loose stools and abdominal cramps after ice cream or an 8 ounce glass of milk.
• No symptoms with milk on cereal.

Case Presentation
Working Diagnoses

• Mild Crohn’s ileitis
• Outlet rectal bleeding due to small external hemorrhoids
• Irritable Bowel Syndrome
• Probable lactose intolerance
Crohn’s Disease
Lactose Malabsorption

- 121 Crohn’s pt
- 158 Controls
- Low ethnic risk
- H₂ breath test
- Results: lactose malabsorption
  - Crohn’s 40%
  - Crohn’s TI 68%
  - Controls 29%

Mishkin B. *Am J Gastro* 1997;92(7):1148-53

Systematic Review: Strategies for Management of Lactose Intolerance

- 36 randomized studies
- Moderate evidence
  - 12-15 g lactose is well-tolerated
  - 1 cup of milk
- Insufficient evidence that interventions help

<table>
<thead>
<tr>
<th>Agent</th>
<th>Benefit</th>
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<td>Lactose reduced milk</td>
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<td>Probiotics</td>
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<td>Rifaxamin</td>
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Shaukat A. *Ann Intern Med* 2010;152(12):797-803
Fructose Malabsorption in Chronic Gastrointestinal Disorders

Early rise in breath hydrogen after lactulose

Barrett JS Alimen Pharm & Therap 2009; 30: 165-74

Case Presentation
Working Diagnoses

• Mild Crohn’s ileitis
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## Treatment of Mildly Active Crohn’s Ileitis

### ACG Guidelines

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*Budesonide is recommended for use as the preferred primary therapy*

Lichtenstein G. *Am J Gastro* 2009;104: 465-83

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### 5-ASA for Crohn’s: Meta-analysis

- 22 RCTs
- Placebo controlled
- Active disease
- Remission maintenance

Conclusion: the role of 5-ASA for Crohn’s disease is uncertain

Ford AC. *Am J Gastro* 2011; 106:617-29
Antibiotics for Active Crohn’s Disease: Meta-analysis

- 13 RCTs
  - 10 active disease
  - 3 quiescent

Conclusion: Antibiotics may induce remission in active disease

Ford AC *Am J Gastro* 2011; 106:661–673

Antibiotics for Crohn’s Disease Meta-analysis: Perianal Fistulas

- Metronidazole
- Cipro

Risk Ratio 0.80 (0.66, 0.98)

Ford AC *Am J Gastro* 2011; 106:661–673
Steroids for Crohn’s Meta-analysis

- 20 RCTs
  - 15 active
  - 5 remission
    - Budesonide

Conclusions
- Standard steroids and Budesonide induce remission
- Budesonide ineffective for maintenance

Ford AC Am J Gastro 2011; 106:590–599

Probiotics in Crohn’s Disease Cochrane Review

- One RCT. Methodological concerns
- 11 patients
  - 5 Probiotic 4/5 remitted
  - 6 Placebo 5/6 remitted

- Conclusion: Insufficient evidence to draw a conclusion

Butterworth AD Cochrane Database of Systematic Reviews 2008, Issue 3.
Probiotics for Other GI Diseases: Meta-analysis

Dalhousie University, Halifax, Nova Scotia, Canada
Charité, Campus Benjamin Franklin, Germany


Case Presentation
Working Diagnoses

• Mild Crohn’s ileitis
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What About Maintenance Rx?
What About Maintenance Rx?

Crohn’s: Maintenance of Remission
ACG Guidelines

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Mild Crohn’s Ileitis: Round 1
The Spectrum

No Symptoms
No Treatment

Mild Symptoms
No Steroids

Troublesome Symptoms
Okay, Steroids

Natural History of Mild Crohn’s Disease Over 15 years

Disease Activity

1995-2009
600 pt
267 mild

Treatment

Cosnes J Gut 2012: 61: 1140-1145
Natural History of Mild Crohn’s Disease Over 15 years

Disease Activity

1995-2009
600 pt
267 mild

Treatment

No Treatment

Quiescent

Cosnes J Gut 2012: 61: 1140-1145
Factors Associate with a Mild-Moderate 15 yr Course of Crohn’s

- Non-Smoking
- Higher Educational Level
- Rectal Sparing
- Older Age
- Longer Disease Duration

Cosnes J Gut 2012: 61: 1140-1145

Crohn’s Disease: Markov Modeling Population Based Assumptions 1999

Silverstein MD Gastroenterology 1999;117:49-57
Mild Crohn’s Ileitis: Round 2
The Spectrum

- No Symptoms
- Mild Symptoms
- Troublesome Symptoms

No Treatment
No Steroids
Azathioprine

Steroids / Infliximab
Azathioprine

Case Presentation Continued: treatment

- Metronidazole 250 mg t.i.d. for 2 weeks
- Hyoscyamine prn
- Reassurance the rectal bleeding, now stopped, wasn’t due to serious disease
- Avoid larger amounts of lactose
- Recheck in 2-3 months, sooner if new symptoms
How to Approach the Patient with Mild Ileitis: Conclusions

- Decide if the ileitis is symptomatic
- Decide if the symptoms warrant treatment
- Decide if steroids are necessary
- Don’t treat top down for mild ileitis
- If it’s STRIKE 2, start maintenance