

A Case Report on Management of Crohn's disease

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Abstract: -

Introduction : Crohn's disease that can affect any portion of the gastrointestinal tract, caused by inflammation in all of the bowel's layers. The symptoms might well be confused with those of other intestinal diseases, making diagnosis difficult to manage. Medical therapy is still the most common form of treatment. However, in situations of acute abdomen, surgical intervention is required. **The main diagnosis, therapeutic intervention and outcome:** After physical examination and investigation doctor diagnosed a case of Crohn's disease with patient was treated analgesics drug to reduce pain, analgesic, antipyretic drugs gives to reduce complications. **Therapeutic intervention:** Present case took the medical management with Crohn's disease, antipyretics given, such Tab. Paracetamol 500 mg (BD), Inj. Ceftriaxone 1gm IV (BD), Inj. Pantoprazole 40 Mg iv (OD), Inj. Ondansetron 4MG iv (TDS) for 7 days. **Outcome:** - Patient was taken medications as per doctor order such as paracetamol to reduce their pain and also patient condition was good with the medical treatment. Now patient's symptoms reduced and he had in better condition.

Nursing perspectives: - Administered fluid replacement ie. DNS and RL. Monitor vital signs and Check BP per hourly. Maintained intake and output chart and provided adequate rest and sleep to the patient. Administered medications according to doctor's order. Hydrotherapy given because patient had fever.

Conclusion: - The patient was admitted in A.V.B.R.H. with chief complaint of Crohns illness It causes gastrointestinal system inflammation, which can lead in digestive problems, loose stools, fatigue, weight loss, and malnutrition. Inflammation etc. This case of Crohns illness the patient taken all treatment with proper medication. The patient's condition was improved.

Keywords: - Crohn's Disease, Obstruction, Stricture, Gangrenous Bowel.

INTRODUCTION:

Crohn's Disease (CD) is an inflammation disease that can influence any found in the digestive system. Despite the fact that it is uncommon in India, we do occasionally stumble with this thing. sluggishness, cursory, arthritic, eye irritation, and exhaustion are some of the other issues that can occur outside of the

gastrointestinal tract. Infections, as well as bruising & erythema nodosum, also are possible reasons., can cause skin rashes. obstructed bowels¹

While the specific origins of Crohn's disease are unrevealed, it does have a genetic component, genetically predisposed individuals are thought to be affected by a mix of surroundings, immunological, and bacterial element. It causes a chronic inflammation condition in which the natural resistance of the body defends the alimentary-canal, potentially by targeting microbial Rh antigen. While Crohn's disease is an immunological disorder, it does not appear to be an autoimmunity disorder (in the sense that the immune system is not activated by the body.). Its unclear what the underlie immunological disease is; nonetheless, it could be an immunodeficiency state.²

Genetics is thought to be responsible for around half of the overall risk, with more than 70 genes implicated. Smokers are more than twice as likely as nonsmokers to obtain Crohn's disease. It frequently follows gastroenteritis. A autopsy and the aspect of the gut wall, medical understand, and a explanation of the disease are all used to make the diagnosis. Mucous colitis and Behcet's syndrome are two other disorders that might present similarly.³

Crohn's disease cannot be cured with drugs or incision techniques. Symptom relief, remission maintenance, and relapse prevention are all goals of treatment. A hydrocortisone may be administered for a short period of time in newly diagnosed patients to ease symptoms quickly, combined with another medicine such as methotrexate or a thiopurine to avoid recur. In persons with Crohn's disease, quitting smoking is advised. Every year, One out of every five persons diagnosed with the condition is hospitalized to the hospital, and half of those diagnosed will require surgery at some point. time during the next ten years. While surgery should be used as rarely as possible, some abscesses, intestinal blockages, and malignancies necessitate it. Starting eight years after the onset of the condition, a colonoscopy is indicated every few years to check for bowel cancer.⁴

Crohn's disease influence approximately 3.2 per 1,000 persons in Europe and North America, and approximately 1 in 650 people in the United Kingdom. In Asia and Africa, it is less common. In the past, it was more widespread in wealthy countries. B rates, on the other hand, have been rising since the 1970s, especially in emerging countries. Inflammatory bowel illness claimed the lives of 47,400 people in 2015, Patients with Crohn's disease, on the other hand, have a lower life expectancy. It generally starts in one's teens or twenties, although it can occur at any age. Both men and women are impacted in the same way. The disease was named after physician Burrill Bernard Crohn, who described a group of patients with inflammation of the terminal ileum of the small intestine, the most often afflicted area, in 1932 at Mount Sinai Hospital in New York with two colleagues.⁵

PATIENT INFORMATION

Patient Specific Information: - 28-year-old male was admitted in A. V. B. R. H. On dated 20-6-21 with chief complaint of stomach discomfort, loose stools, tiredness, weight loss, and hunger are all signs of a blocked digestive tract. and after physical examination and investigation doctor diagnosed a case of Crohns disease. **Medical history:** - On February 20th, 2021, a patient was admitted to the A. V. B. R. hospital. Patient had history of history of frequent alcohol consumption and Crohns disease since 3 years.

Abdominal discomfort, chronic diarrhea, tiredness, weight loss, and hunger are all complaints of his digestive tract. Five days before admission, and He identify acetaminophen at regular intervals. He had broad abdominal pain, frequent vomiting, hematemesis, and epistaxis on the fourth day of symptoms, after his fever and headache had disappeared. Present case had history Crohns disease. **Family History:** -He belongs to nuclear family. In patient's family there is no any hereditary history like DM, Asthma, and Hypertension etc. **Psycho-social History:** -He was mentally stable, conscious and oriented to date time and place. He had maintained good relationship with doctors and nurses as well as other patients also.

Clinical Finding: -

Physical examination: -The patient was awake and aware of the time, date, and location. His physique was average, and he kept himself clean. For three days, I've had a broad body soreness and a high. He was determined to be aware (Glasgow Coma Scale 15), with a pulse of 100 beats per minute and a blood pressure of 100/60 mmHg on physical examination. – 20 breaths per minute No rash or active bleeding was present. Other general and systemic examinations revealed no abnormality. The diagnosis on admission was Crohns disease.

Important clinical findings: -

Blood Investigation: WBC:-<5000 cells/mm³. RBC :- 20,000-40,000 (cells/mcL), IgM and IgG test :- Positive, Platelet count:- 12,000 cells/mm³

Timeline: -He took treatment in A. V. B. R. H. and he got the proper treatment. Taking proper medication and now he has been good condition.

Investigation: 1. Blood test 2. Stool test 3.USG

Therapeutic interventions: - Present case took the medical management with Crohn's disease , antipyretics given such Tab. Paracetamol 500 mg (BD), Inj. Ceftriaxone 1gm IV (BD), Inj. Pantoprazole 40 Mg iv (OD), Inj. Ondansetron 4MG iv (TDS).

Nursing perspectives: - Administration fluid replacement ie. DNS and RL monitor vital sign per hourly Maintained temperature chart 2 hourly strictly, maintained intake output chart properly antibiotics given as per doctor order.

Medical Management: Crohn's disease can be treated with a multitude of medicines. Antidiarrheal and anti-inflammatory medications are commonly recommended. Biologics, which employ the body's immune system to treat the disease, are a more advanced approach. The drugs (or combinations of medications) you require are determined by your symptoms, illness history, severity of your condition, and treatment response. Anti-inflammatory medications Oral 5-aminosalicylates and corticosteroids are the two major kinds of anti-inflammatory medicines used to treat Crohn's disease. Anti-inflammatory medicines are frequently the first medications used to treat Crohn's disease. When you have modest symptoms and only experience a few illness flares, you should take these medicines. Corticosteroids are used to treat more severe symptoms, but only for a limited period of time.

Surgical Management: Surgery may be indicated if less invasive therapies and lifestyle modifications do not alleviate your symptoms. According to the CCFA, around 75% of patients with Crohn's disease will require surgery at some time in their life. Surgical treatments for Crohn's disease might include removing damaged parts of your digestive tract and reconnecting the healthy pieces. Other methods cure deep infections, restore damaged tissue, and control scar tissue.

Discussion:

Crohn's disease (CD) is a alimentary-canal inflammation. It has the potential to impact any part of the body GI tract, from the mouth to the anus, but the ileum is the most usually affected. CD can impact all layers of the gut, and healthy bowel can be found in between regions of diseased bowel. It affects men and women of all ages equally, with a tendency in the second and third decades, and a familial prevalence in a few cases.⁶

CD is characterised by stomach pain, particularly when the ileum is involved, bloody diarrhoea, and anaemia. Symptoms include poor-quality temperature, nausea, and vomiting. may occur in some people. Fissures or cracks may appear, and anal involvement can lead to fistulas and abscesses. Extraintestinal signs include sores on the skin or in the mouth, joint pain, Other hepatobiliary system problems include eyesore, renal calculus, bile stones, and other hepatobiliary system problems. illnesses. Children that are affected may experience developmental delays. The most common consequence of CD is intestinal obstruction, which is accompanied by thickening and fibrosis of the afflicted section. Despite the wide range of diagnostic modalities available, such as ultrasonography, periodic-table swallow, CT scans, and colonoscopies, a definitive diagnosis of CD remains elusive, and there is no single "gold standard" sign of the disease. The majority of CD patients are treated with conservative measures such as proper rest, a healthy diet, multivitamin, ferric, folate, carotenoid, and sulfasalazine. Even when surgery is required to alleviate obstruction, repair a perforation, treat an abscess, or close a fistula, it is critical to use caution when deciding whether to mediate or carry on with conservative therapy to avoid life-threatening consequences^{7,8}. With appropriate medical care, the outcome of CD has improved. It is serious, but not a terminal illness. These patients die as a result of surgery-related dangers or diseases⁹⁻¹¹. Even if they are healthy, these patients require annual follow-up, and any new symptom should be taken seriously.⁶

Conclusion

Although the manifestation of Crohn's disease are similar to those of many other abdominal disorders, it should be considered as one of the causes of acute abdomen, particularly in patients with a history of intestinal pathology.

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