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Summary

UPPER GASTROINTESTINAL TRACT INVOLVEMENT IN CROHN'S DISEASE: IMPACT ON CLINICAL PROFILE AND DISEASE COURSE

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A retrospective study of 341 Crohn's disease patients found that upper gastrointestinal tract involvement, present in 14.3%, was associated with more severe disease features including family history, extensive luminal disease, and greater anti-TNF drug use.

KEY POINTS

- Among 341 Crohn's disease patients followed from 2011 to 2020, 49 (14.3%) had upper gastrointestinal tract involvement, higher than the 0.5-4% estimate reported in literature.
- Upper gastrointestinal tract involvement was significantly associated with family history of inflammatory bowel disease (p=0.031), extensive luminal disease exceeding 50 cm (p=0.001), and presence of epithelioid and gigantocellular granuloma on histology (p=0.027).
- Patients with upper gastrointestinal involvement were more likely to receive anti-TNF drugs (p<0.001), had a median of 4 flares and 4 hospitalizations, and required surgical treatment in 48.4% of cases.
- Only one patient had exclusive upper gastrointestinal involvement; in other cases it was associated with ileal involvement in 59.3%, and disease behaviour was mainly fistulizing (40.8%) or stricturing (36.7%).
- The study concludes that upper gastrointestinal tract involvement in Crohn's disease is associated with a more severe disease course.

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