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Crohn's disease in the elderly

Sir,

When faced with the symptoms of altered bowel habit and weight loss in an elderly patient, malignant disease is usually suspected. It is, however, always worth considering Crohn's disease, as the following case illustrates.

A frail 80 year old woman presented with a 2 month history of constipation, rectal bleeding and weight loss of 1 kg. Her haemoglobin was 10 g/dl and both erythrocyte sedimentation rate (ESR) and acute phase proteins (C-reactive protein and alpha-1-acid glycoprotein) were raised. Barium enema showed gross deformity of the rectosigmoid region typical of diverticular disease along with an adjacent area of mucosal irregularity raising the possibility of co-existent malignancy – biopsies taken at

flexible sigmoidoscopy however revealed active Crohn's disease at this site.

In view of her general condition, further gastrointestinal investigations were not performed. She was treated with sulphasalazine 3 g daily and Colifoam enemas. At review one month later her bowel habit was normal, her ESR had fallen, and she had gained 2 kg in weight.

This case illustrates the unexpected finding of colonic Crohn's disease during the investigation of an elderly patient suspected of having malignant disease. Crohn's disease in the elderly predominantly affects females, favours the recto-sigmoid junction,² and is most commonly misdiagnosed as diverticular disease.³ Colonic disease usually responds well to medical therapy with a low recurrence rate.⁴

Both general physicians and geriatricians should be alert to the possibility of Crohn's disease in their elderly patients presenting with weight loss and bowel disturbance.

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