**Nutritional status in Crohn’s disease**

**Ruxandra Cioarca-Nedelcu**

Biochemistry Department of Medicine and Pharmacy University “Carol Davila”, Bucharest, Romania

In the last decades, the main entities of the inflammatory bowel disease spectrum, Crohn’s disease and Ulcerative Colitis, have known an important hike in prevalence worldwide, especially in areas with hyperhygiene habits such as Western Europe and Scandinavian countries.

The aim of this presentation is to display the impact of malnutrition in Crohn’s disease on the overall quality of life. In order to better understand the mechanisms behind the ailment of the nutritional status in Crohn’s disease, the key notions of clinical presentation and physiopathology were listed below.

Crohn’s disease is a chronic inflammatory disorder that may involve any part of the digestive tract from mouth to anus, but with a predilection for the distal small intestine and proximal large bowel. Inflammation in Crohn’s disease often is discontinuous along the longitudinal axis of the intestine and can involve all layers from mucosa to serosa. Patients usually experience diarrhea, abdominal pain and weight loss. Common complications include strictures and fistulas, which often need surgery. A large variety of extra-intestinal manifestations also might be present.

Because most cases of Crohn’s Disease affect the distal small intestine and the proximal large bowel, malabsorbtion of carbohydrates (disaccharides) and proteins (oligopeptides) occur. Also malabsorbtion of fats and fat soluble vitamins happen, due to the impairment of the enterohepatic recycling of bile salts. Even among patients whose disease has been in long standing remission, defficiencies such as of iron, folic acid, vitamin B12, calcium, magnesium and zinc were detected.

The catabolic state induced by intense inflammation can also increase energy and protein requirements. Unrecognized infection can additionally be a major contributing factor beyond the catabolism induced by the disease itself. A bypassing of small intestine by enteroenteric or enterocolonic fistulas can also contribute to undernutrition.

Unfortunately, up to the present, the etiology of Crohn’s Disease is still incompletely understood and therapy, even though generally effective in alleviating symptoms, is not curative and cannot alleviate malnutrition.