CROHN'S DISEASE

Diagnosis

Perianal Disease

Severe disease and or abscess

YES
Refer for surgical intervention

NO
Consider antibiotics e.g. quinolone or metronidazole

In remission

Colonic disease:
Any 5-ASA or azathioprine or methotrexate if indicated

NO
Consider antibiotics e.g. quinolone or metronidazole

Recurrent flares azathioprine or methotrexate with corticosteroid

Small Bowel disease:
Azathioprine or methotrexate if indicated

Post-operative recurrence azathioprine or methotrexate with corticosteroid

Active disease

Mild-moderate disease

Oral corticosteroids
Possibly oral antibiotics e.g. metronidazole or a quinolone

Patient improved?

YES
Taper corticosteroid gradually
Consider 5-ASA prophylaxis if colonic

NO
Review

Severe disease

IV corticosteroids with or without antibiotics

Review

Active disease

Colonic disease:
Any 5-ASA or azathioprine or methotrexate if indicated

NO
Consider antibiotics e.g. quinolone or metronidazole

Small Bowel disease:
Azathioprine or methotrexate if indicated

Post-operative recurrence azathioprine or methotrexate with corticosteroid

YES
Taper corticosteroid gradually
Consider 5-ASA prophylaxis if colonic

NO
Review

Recurrent flares azathioprine or methotrexate with corticosteroid

Patient improved?

YES
Taper corticosteroid gradually
Consider 5-ASA prophylaxis if colonic

NO
Review
Glossary:
- 5-ASA – 5-Aminosalicylic acid
- IV – Intravenous

Applicable ICD 10 Coding:
- K50 Crohn's disease [regional enteritis]
  - K50.0 Crohn's disease of small intestine
  - K50.1 Crohn's disease of large intestine
  - K50.8 Other Crohn's disease
  - K50.9 Crohn's disease, unspecified

Note:

1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.

2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –
   a. not be inconsistent with this algorithm;
   b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
   c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998

3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.