

Crohn Disease—Child

Crohn disease (<https://www.radiologyinfo.org/en/info/crohns-disease>) is a common inflammatory bowel disease that can affect children, adolescents, and adults. It is diagnosed using a combination of physical examination, blood work, endoscopy, and imaging tests.

Symptoms of Crohn disease can include weight loss, loose stools, vomiting, and intermittent abdominal pain. In children with suspected Crohn disease, *CT enterography (CTE)* (<https://www.radiologyinfo.org/en/info/ctenterography>) , *MR enterography (MRE)* (<https://www.radiologyinfo.org/en/info/mrenterography>) , or *MRI of the abdomen/pelvis* (<https://www.radiologyinfo.org/en/info/mri-abdomen-pelvis>) without and with intravenous contrast is usually appropriate. *Ultrasound (US) of the abdomen* (<https://www.radiologyinfo.org/en/info/abdominus>) , *CT abdomen/pelvis* (<https://www.radiologyinfo.org/en/info/abdominect>) with contrast, fluoroscopic *upper gastrointestinal series* (<https://www.radiologyinfo.org/en/info/uppergi>) with small bowel follow-through (UGI-SBFT), or *MRI abdomen/pelvis* without contrast may be appropriate. For enterography studies, children drink contrast before imaging to stretch the bowel for optimal imaging.

The severity of Crohn disease symptoms varies over time. For children with known Crohn disease with worsening symptoms, CT abdomen/pelvis with contrast, CTE, MRE, or MRI abdomen/pelvis without and with contrast is usually appropriate. US abdomen, *abdomen x-ray* (<https://www.radiologyinfo.org/en/info/abdominrad>) , fluoroscopic UGI-SBFT, or MRI abdomen/pelvis without contrast may also be appropriate.

For evaluation of disease surveillance or monitoring therapy, CTE, MRE, or MRI abdomen/pelvis without and with contrast is usually appropriate. US abdomen, US abdomen with microbubble contrast, CT abdomen/pelvis with contrast, fluoroscopic UGI-SBFT, MRI abdomen/pelvis without contrast, or fluorine-18-2-fluoro-2-deoxy-D-glucose *PET/CT* (<https://www.radiologyinfo.org/en/info/pet>) may also be appropriate.

If complications develop around the anus such as fistula or infected fluid collections, MRI pelvis with contrast or MRI pelvis without and with contrast is usually appropriate. Transperineal ultrasound of the pelvis, CT pelvis with contrast, or MRI pelvis without contrast may also be appropriate.

For more information, see the *Crohn disease* (<https://www.radiologyinfo.org/en/info/crohns-disease>) page.

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