



Asymptomatic ileal Crohn's disease – to treat or not to treat? CONTRA

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The incidental finding of terminal ileitis during colonoscopy is increasingly common, raising questions about its clinical significance and management. Most cases of asymptomatic or pauci-symptomatic ileal Crohn's disease present with a few aphthous ulcers in otherwise normal mucosa, minimal or absent symptoms, and no systemic or biochemical evidence of active disease. Epidemiologic studies report incidental ileitis in 1–3% of screening colonoscopies and long-term follow-up demonstrates that only a small minority progress to symptomatic Crohn's disease, with pooled data showing about 5–10% conversion (1–3). Importantly, benign, nonspecific ileitis must not be misclassified as Crohn's disease, to avoid unnecessary lifelong therapy and exposure to immunosuppressants. The natural history of mild Crohn's disease further supports a conservative approach, with low rates of progression to stricturing or penetrating complications over 5 years (4).

Management goals in asymptomatic or mild disease are focused on symptom control, monitoring, and lifestyle interventions, rather than immediate use of advanced therapies. Biomarkers (CRP, fecal calprotectin), transmural imaging and endoscopy should be used for follow-up (5). Nutritional strategies such as the Crohn's Disease Exclusion Diet with partial enteral nutrition have shown efficacy in inducing steroid-free remission in pediatric disea-

seClick or tap here to enter text., while dietary patterns such as the Mediterranean diet are effective, well-tolerated, and easier to sustain than restrictive diets (6, 7). Budesonide may be considered for intermittent symptom control (5).

CONCLUSION

Asymptomatic or mildly symptomatic ileal Crohn's disease rarely progresses and should not routinely be treated with advanced therapy. A tight follow up approach—emphasizing observation, diet, smoking cessation, and selective use of budesonide—is evidence-based and safer for patients, with escalation reserved for those who demonstrate clinical or endoscopic progression.

References:

1. Watanabe T, Fujiwara Y, Chan FKL. Current knowledge on non-steroidal anti-inflammatory drug-induced small-bowel damage: a comprehensive review. *J Gastroenterol* 2020;55:481–95.
2. Agrawal M, Miranda MB, Walsh S, et al. Prevalence and Progression of Incidental Terminal Ileitis on Non-diagnostic Colonoscopy: A Systematic Review and Meta-analysis. *J Crohns Colitis* 2021;15:1455–63.
3. Chang HS, Lee D, Kim JC, et al. Isolated terminal ileal ulcerations in asymptomatic individuals: natural course and clinical significance. *Gastrointest Endosc* 2010;72:1226–32.
4. Burisch J, Kiudelis G, Kupcinskas L, et al. Natural disease course of Crohn's disease during the first 5 years after diagnosis in a European population-based inception cohort: an Epi-IBD study. *Gut* 2019;68:423–33.
5. Elmasry S, Ha C. Evidence-Based Approach to the Management of Mild Crohn's Disease. *Clinical Gastroenterology and Hepatology* 2024;22:480–3.
6. Levine A, Wine E, Assa A, et al. Crohn's Disease Exclusion Diet Plus Partial Enteral Nutrition Induces Sustained Remission in a Randomized Controlled Trial. *Gastroenterology* 2019;157:440-450.e8.
7. Lewis JD, Sandler RS, Brotherton C, et al. A Randomized Trial Comparing the Specific Carbohydrate Diet to a Mediterranean Diet in Adults With Crohn's Disease. *Gastroenterology* 2021;161:837-852.e9.