HEALTH BASICS

Types of crohn's disease

The types of Crohn's disease describe where inflammation occurs and how it affects the digestive tract.

WHAT IT IS
Categories describing Crohn's location and bowel damage pattern

WHERE IT COMES UP
Diagnosis reports, endoscopy notes, imaging results, and treatment discussions

WHY IT MATTERS
Helps guide monitoring, treatment choices, and surgery planning

WHAT IT IS NOT
Not separate diseases or a diagnosis by itself

WHO TO ASK
Gastroenterologist or inflammatory bowel disease nurse

HOW IT IS CHECKED
Endoscopy, biopsies, and bowel imaging

Overview

Crohn's disease is a form of inflammatory bowel disease, or IBD. It causes ongoing inflammation in the digestive tract. The phrase "types of Crohn's disease" is not a separate diagnosis. It refers to ways of describing an existing Crohn's diagnosis.

A type may describe:

You may hear names such as ileitis, ileocolitis, Crohn's colitis, gastroduodenal Crohn's disease, or jejunoileitis. These names describe location. Clinicians may also use a formal system called the Montreal classification, which records location, bowel damage pattern, and age at diagnosis.

These categories can overlap. For example, someone can have ileocolonic Crohn's disease with a stricture and perianal disease. The label does not, by itself, show how active or severe the inflammation is.

- where inflammation has occurred
- whether the bowel has narrowed
- whether an abnormal tunnel, called a fistula, has developed

- whether the area around the anus is involved

How it works

Crohn's inflammation can affect any part of the digestive tract, from the mouth to the anus. It often appears in patches, with healthy-looking bowel between inflamed areas. These are called "skip lesions." Inflammation can also extend through the full thickness of the bowel wall.

Location-based names include:

Some of these are traditional clinical names rather than separate diseases. Formal records may instead use ileal, colonic, ileocolonic, or upper gastrointestinal categories.

Crohn's disease is also described by its behavior , meaning the kind of bowel damage that has developed:

Perianal involvement is often recorded as an extra feature rather than a separate location. A fistula is an abnormal tunnel between the bowel and another structure, such as the skin or another loop of bowel. An abscess is a pocket of infection.

No single blood test identifies a Crohn's type. Classification usually combines colonoscopy, examination of tissue samples called biopsies, and bowel imaging. Magnetic resonance enterography, or MRE, uses MRI to examine the small bowel. CT enterography uses X-rays for a similar purpose. Upper endoscopy or capsule endoscopy may be considered in selected situations.

- Ileal Crohn's disease or ileitis: involvement of the ileum, the final part of the small intestine
- Crohn's colitis: involvement of the colon, or large intestine
- Ileocolonic Crohn's disease: involvement of both the ileum and colon
- Upper digestive tract Crohn's disease: involvement above the end of the small intestine, such as the stomach or duodenum
- Jejunoileitis: patchy involvement of the jejunum and ileum, which are parts of the small intestine
- Non-stricturing, non-penetrating: no fixed narrowing or fistula has been identified
- Stricturing: scarring and inflammation have narrowed part of the bowel
- Penetrating: inflammation has created a fistula, abscess, or another connection beyond the bowel

- Perianal involvement: fistulas, abscesses, or other Crohn's-related problems affect the area around the anus

Why it matters for your health

Knowing the location and behavior helps your care team understand what needs attention. It can affect which tests are useful, how treatment is delivered, and whether surgical advice is needed.

Small-bowel involvement may affect the absorption of nutrients. Disease or surgery involving the end of the ileum can be relevant to vitamin B12 levels and bile acid absorption. A stricture may need imaging to show its length and whether active inflammation or lasting scar tissue is contributing to the narrowing.

Colonic Crohn's disease may require a plan for colonoscopy monitoring, especially when a large part of the colon has been affected for many years. This monitoring looks for cell changes linked to colorectal cancer risk. The schedule is based on individual risk factors and disease history, not just the word "colitis."

Penetrating or perianal Crohn's disease may require both medical and surgical input. Surgery does not always mean removing bowel. For example, an abscess may need drainage, or a perianal fistula may need a small drain called a seton.

The type is only one part of treatment planning. Current inflammation, previous complications, test findings, other health conditions, past treatment, and your preferences also matter. Two people with the same location label may need different care.

What can go wrong

Classification labels can be misunderstood. "Crohn's colitis" does not mean ulcerative colitis. Both can affect the colon, but they are different forms of IBD.

A report may also describe only what a particular test could see. Colonoscopy examines the colon and usually the end of the ileum, but it does not show most of the small intestine. Imaging may therefore identify involvement that was not visible during colonoscopy.

Crohn's disease, rather than the type label itself, can be associated with:

Seek urgent medical assessment for worsening abdominal pain with repeated vomiting, increasing abdominal swelling, inability to pass stool or gas, fever with severe pain, or a painful swelling near the anus.

Heavy rectal bleeding, fainting, confusion, severe weakness, or signs of a serious allergic reaction need emergency help. Use your local emergency number or emergency department.

Less urgent changes, such as ongoing changes in bowel habits, reduced appetite, unexplained weight change, or new drainage near the anus, can usually be discussed promptly with your IBD service or gastroenterology team. Follow any flare or emergency plan they have already provided.

- Bowel obstruction: blockage caused by severe inflammation or a stricture
- Fistula: an abnormal tunnel from the bowel to another structure
- Abscess: a collection of infection, sometimes linked to a fistula
- Perforation: a hole through the bowel wall
- Malnutrition or nutrient deficiency: reduced intake, poor absorption, or bowel surgery affecting nutrition
- Perianal disease: inflammation, abscesses, or fistulas near the anus

What you can do

Ask for the exact wording of your classification and what evidence supports it. Useful questions include:

Keep copies of endoscopy, biopsy, imaging, and surgery reports if you can. A brief record of which bowel areas have ever been involved is useful because treatment may heal the lining and make later tests look different.

There is no home test that can determine your Crohn's type. Symptom diaries and stool tests may help track inflammation or treatment response, but they do not map the full location or identify every complication.

Do not stop or change prescribed treatment because a report uses a new label. Ask whether the wording reflects a true change, a newly examined area, or a different classification system.

- Which parts of my digestive tract have been affected?
- Is there active inflammation, scar tissue, or both?
- Has imaging shown a stricture, fistula, or abscess?
- Is there perianal involvement?
- Do I need small-bowel imaging or nutritional blood tests?
- Does this classification change my monitoring plan?

Common questions

Is one type always worse than another?

No. Location alone does not establish severity. Active inflammation, bowel damage, complications, nutrition, and response to treatment are also important.

Can the type change?

The known location may expand when new areas are found. The bowel damage pattern can also change over time, such as when a stricture or fistula develops. Records often preserve the greatest extent ever confirmed, even if treatment later heals that area.

Can I have more than one type?

Yes. Location and behavior are separate parts of classification. You might have ileocolonic disease, a stricture, and perianal involvement at the same time.

Is Crohn's colitis the same as ulcerative colitis?

No. Crohn's colitis means Crohn's disease affecting the colon. Ulcerative colitis is a different form of IBD, although some test findings and treatments may overlap.

Does my type determine what I should eat?

Not by itself. A stricture, surgery, poor nutrient absorption, or active inflammation may affect dietary advice. Ask your IBD team whether a registered dietitian with IBD experience would be helpful.

Why do different reports use different names?

One report may use a traditional location name, while another uses the Montreal classification. Tests may also examine different parts of the digestive tract. Ask whether the terms describe the same findings.

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