

GASTROENTEROLOGY WAIVERS

CONDITION: CROHN'S DISEASE (ICD9 555.9)

Revised July 2002

AEROMEDICAL CONCERNS: Frequent bowel movement, diarrhea, rectal urgency and incontinence are obviously things to be avoided in the military aviation environment where it can cause delay, interruption, or failure in completion of military operations. Abdominal cramps and pain and the potential for hemorrhage can cause incapacitation during flight. Anemia, bowel obstruction, fistulization, as well as a multitude of potential extraintestinal manifestations of Crohn's disease are also of grave concern. Deployment to remote areas with poor dietary habits, high stress, and little rest are all factors responsible for relapse.

WAIVERS:

1. Initial Applicants (All Classes): Exception to policy or waiver is not granted.
2. Rated Aviation Personnel (All Classes): Request for waiver may be considered provided the patient has been completely asymptomatic for 2 years, current colonoscopy reveals no active disease, a maintenance dose of Sulfasalazine is no greater than 2 gm/day or mesalamine at 2.4 gm/day to 6 gm/day depending on the formulation, and the initial disease presentation was mild and of short duration. Unlike ulcerative colitis, the risk of recurrence of Crohn's disease following surgery does not justify waiver action.

INFORMATION REQUIRED :

1. Aeromedical Summaries with detailed dietary history and record of disease course.
2. Gastroenterology consultation.
3. Colonoscopy report with biopsy results – if photographs are required they will be requested by the US Army Aeromedical Activity after initial case review.
4. Reports of any radiologic studies if disease is in other areas of the GI tract (i.e. abdominal CT or barium studies).
5. CBC and sedimentation rate (ESR).

FOLLOW-UP: Annual submission of an internal medicine or gastroenterology consultation, to include sigmoidoscopy or colonoscopy report, when indicated. Laboratory should include, at a minimum: CBC, blood chemistries, and if on Mesalamine, renal function.

TREATMENT: Sulfasalazine in doses up to 2 gm/day or Mesalamine up to 2.4 gm/day or 6 gm/day, depending on the formulation as maintenance therapy. Higher doses, if required, are not normally accepted for waiver.

DISCUSSION: Crohn's disease is common in 6-15 percent of young adults with a positive family history. There is an association with smoking. Patients present with diarrhea (70-90 percent), abdominal pain (45-60 percent), weight loss (65-75 percent), fever (30-40 percent), and rectal bleeding (50 percent). Extraintestinal manifestations include gallstones (15-30 percent),

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oxalate kidney stones (5-10 percent), sacroiliitis (15-18 percent), aphthous ulceration of the mouth (20 percent), erythema nodosum (5-10 percent), and acute arthropathy (6-12 percent). The risk of carcinoma of the colon is reported to be 3-5 percent. After the initial episode, there is a 70 percent chance of relapse in the following 5 years with most occurring in the first 2 years.

Between 70-80 percent of patients will need at least one operation (for failure of medical therapy in 33 percent, fistula formation in 24 percent, and intestinal obstruction in 22 percent). After resection, the risk of recurrence in the following 5 years is 30-70 percent and 50-85 percent in the next 10 years; of these, up to half will need further operation. Without an operation, the annualized risk for recurrence is 1.6 percent in those with single site involvement and 4 percent in those with multiple site disease. The overall mortality is 10-15 percent.

REFERENCE: Chutkan, RK. *Inflammatory Bowel Disease*. Primary Care: Clinics in Office Practice. 28:3; 539-56.