Background Crohn’s Disease (CD) is habitually diagnosed during the third or fourth decade\(^1\), but it can also arise in older patients in 15\(^{\%}\)\(^2\)-\(^5\). It has been hypothesized that older patients have different presentation and outcome\(^6\), so we reviewed our series to evaluate such differences.

Methods 47 CD patients were treated at our department from 2000 to 2010. The diagnosis was determined according to conventional endoscopic, radiological and histological criteria\(^7\). We divided our series in two groups: a) 42 patients < 65 y.o. and b) 5 pts. > 65 y. o.

Group a: mean age at the onset of disease was 30 y.o. (F:M = 1:1.5). 14 pts (33\%) presented an ileocolic disease and 4 cases (9.5\%) arose with intestinal obstruction.

Group b: mean age was 68.3 y.o. (F:M = 1.5:1). Site of CD was ileal 2 (40\%), colic 2 (40\%), perianal 1 (20\%). In one case CD arose with an intestinal obstruction.

Results Group a: 23 (54.76\%) patients were treated with surgery, while 19 patients benefited of medical treatment with 5-ASA or immunosuppressive drugs. Recurrence occurred in 34.7\% after surgery and it was treated with corticosteroid or immunosuppressive therapy.

Group b: 3 (60\%) patients were operated on ileal resections (2) and ileocolic resection (1) without postoperative complications, and the others (40\%) received medical treatment with 5-ASA. Recurrence occurred in 2 cases (66.6\%) without requiring surgery: it was treated in 1 case with corticosteroids and in the another one with immunosuppressive therapy for perianal localization.

Conclusions The incidence of CD in the elderly (10.6\%) is near close to other reports. In our experience site and presentation of CD were similar in olders and youngers; morbidity and mortality rates did not change in both groups according to the literature\(^6,8-9\), even if some authors reported high mortality rates because of concomitant diseases in the elderly\(^10\). Our series emphasizes that CD needs multimodal approach with conventional and new chemical and biological agents along with surgery that is limited to complications\(^11\). In our experience, the necessity of surgery decreases with increasing age at diagnosis. We have observed higher recurrence rates in elderly probably due to cigarette smoking abuse. In such cases 5-ASA and steroids are still the drugs of choice\(^12\). New agents, as the immunosuppressive drugs, have been successfully tested and are opening interesting perspectives but they must be used in selected cases because of their toxicity\(^2,13-14\).

References