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Case Report

CROHN'S DISEASE PRESENTING AS ACUTE ABDOMEN DIAGNOSIS AND MANAGEMENT A CASE REPORT

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Abstract

CD is characterised by a chronic full thickness inflammatory process that can affect any part of the gastrointestinal tract from the lips to the anal margin. We present a case of acute abdomen admitted in CMH Rangpur. Exploratory laparotomy was performed and diseased resected segments were confirmed as Crohn's Disease on histopathology.

Introduction

Two types of Inflammatory Bowel Disease (IBD) are crohn's disease (CD) and ulcerative colitis. Crohn's disease, an eponym based on the 1932 description by Crohn's, Ginzburg, and Oppenheimer, has existed for centuries. [1]

It is slightly more common in women than in men, and is most commonly diagnosed in young patients between the ages of 25 and 40 years[2] . The aetiology of Crohn's disease is incompletely understood but is thought to involve a complex interplay of genetic and environmental factors .

Crohn's disease has been considered to be uncommon in Bangladesh yet we come across this entity sparingly. The signs and symptoms of CD overlap with many other abdominal disorders like tuberculosis, ulcerative colitis, irritable bowel syndrome etc. It may even involve systems other than GIT .

We have encourtered a case of intestinal obstruction requiring surgical intervention which were confirmed to be CD by histopathologically. Treatment was thereafter started with oral steroid and meselamine. The patient is now on remission and is on regular follow up.

Case Report

A 52-year female was admitted in CMH Rangpur with a history of abdominal pain, distension and vomiting for the last 2-3 days. She had past history of weakness, anorexia, low grade fever, and episodes of pain in the right lower abdominal quadrant and H/O Appendicectomy 7 yrs back. Abdominal examination revealed the features of acute intestinal obstruction with palpable tender lump in RIF and visible peristalsis.

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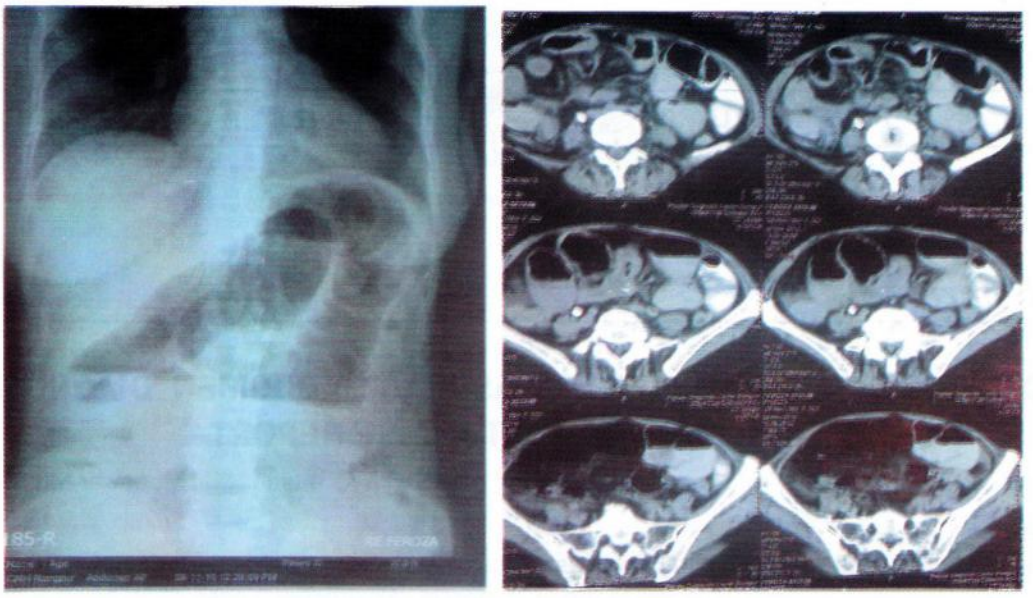

Figure-1: plain x-ray and CT scan of Abdomen shows feature of small intestinal obstruction.

However, in view of acute intestinal obstruction, exploratory laparotomy was performed after routine investigations, intrapoeratively multiple strictures and a volvulus type rotation were found at terminal ileum. Resection of disease part with ileo-transverse anastomosis was performed .

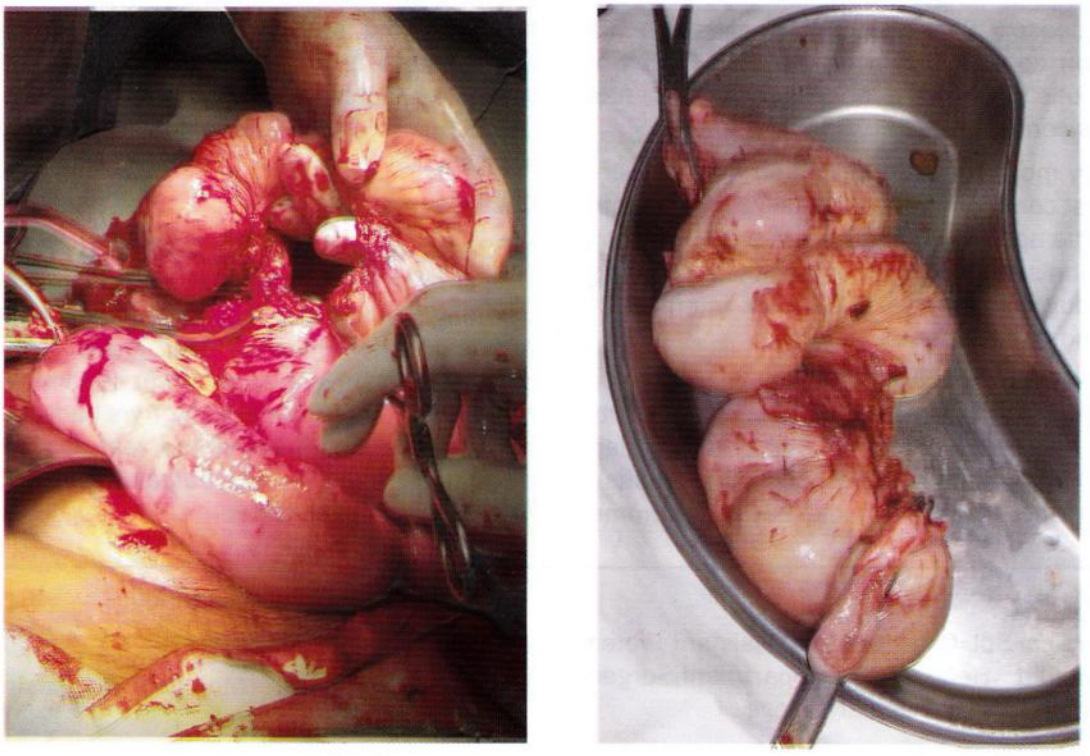

Figure-2: Resection and resected part of terminal ileum.

Histopathological examination of the resected specimen showed prominent and enlarged lymphatic follicles, mucosa shows extensive fibrinopurulant exudate supported by granulation tissue and formation of slit like fissures with infiltration of acute and chronic inflamatory cells. No granuloma or malignancy is seen.

Diagnosis of Crohn's disease was made. Postoperative period was uneventful.

Discussion

Crohn's disease (CD) causes inflammation of the digestive tract. It can affect any area of the GI tract, from mouth to anus, however it most commonly affects the ileum3. In CD, all layers of the intestine may be involved, and normal healthy bowel can be found between sections of diseased bowel.

CD usually presents with abdominal pain especially due to involvement of ileum, blood stained diarrhoea and anaemia. Some may have low-grade fever, nausea, and vomiting. Fissures or cracks may be evident, and fistulas and abscesses may form in anal involvement[4]. It may also present with extraintestinal manifestations like skin or mouth lesions, pain in the joints, eye irritation, kidney stones, gallstones, and other diseases of the hepatobiliary system.

Severe cases of CD may have most common complication like intestinal blockage with thickening and fibrosis of the affected segment.

Inspite of the vast diagnostic modalities like ultrasound, barium x-rays, CT scan and colonoscopy, a clear diagnosis of CD remains obscure and no single "gold standard" indicator of this disease has been established5.

Most patients of CD are usually managed by conservative treatments which include adequate rest, nutritious diet, multivitamins, iron, folic acid, antioxidants, sulfasalazine. The outcome of CD has improved with good medical care.Though surgery is required to relieve obstruction, to repair a perforation, to treat an abscess, or to close a fistula yet a judicious approach to the patient is of utmost importance when to intervene or to continue with conservative management to avoid life threatening complications[6]. These patients require annual follow-up even if they are well and any new symptom should be given due consideration.

Conclusion

Symptoms of CD mimic many other abdominal conditions. Medical therapy remains the mainstay of treatment. However surgical intervention is warranted in cases presenting with acute abdomen.

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