CASE 10

ID/CC A 21-year-old female complains of **intermittent abdominal pain**, **mild**, **nonbloody diarrhea**, and anorexia of 2 years' duration.

HPI She says that the pain is almost always confined to the **right lower abdomen** and is cramping in nature.

PE Pallor; weight loss; **abdominal mass in right iliac fossa** (thickened bowel loop); **perianal fistulas**.

Labs CBC: megaloblastic anemia; leukocytosis. **Guaiac positive**; stool exam reveals no parasites; antibodies to *Saccharomyces cerevisiae* (ASCA) positive; P-ANCA negative.

Imaging BE: granulomatous colitis and **regional enteritis** involving multiple areas, most commonly ileum and ascending colon, with intervening segments of normal mucosa.

Gross Pathology **Terminal ileum** (lesions most commonly seen in ileocecal area but can affect any part of the GI tract) shows lesions that have a "**cobblestone**" appearance; **discontinuous areas of inflammation, edema, and fibrosis** ("SKIP LESIONS").

Micro Pathology **Chronic inflammatory involvement of submucosal layers of bowel wall** (TRANSMURAL INFLAMMATION), manifested mainly by lymphocytic infiltration with associated lymphoid hyperplasia and formation of noncaseating granulomas.

Treatment **Antidiarrheal drugs and systemic glucocorticoids**; 5-aminosalicylic acid agents (e.g., sulfasalazine); antimetabolites such as azathioprine or mercaptopurine in patients with fistulous disease; anti–tumor necrosis factor antibody for refractory disease; **surgery** if patients develop severe malabsorption, symptomatic fistulas, or subacute intestinal obstruction.

Discussion Complications of Crohn's disease include adhesions, ulcers, strictures, fissures, and fistulas. Extraintestinal manifestations may include arthritis, ankylosing spondylitis, sclerosing cholangitis, and uveitis. Crohn's disease patients also have a five- to six-fold increased risk of developing colon cancer; however, this risk is much lower than that associated with ulcerative colitis.