

Small Bowel Strictures: Is it Crohn's Disease?

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Introduction

- There are a number of mimics of stricturing small bowel Crohn's disease (CD). We present a patient with stricturing small bowel disease.

Case Description

- A 28 yo male presented with 6 months of fatigue, abdominal pain and unintentional weight loss. He was taking daily NSAIDs. Labs revealed hemoglobin 5.2 g/dL, ACE level 28 nmol/mL/min, LDH 179 U/L, fecal calprotectin (FCP) 1844.2 µg/mg, CRP 1.6 mg/L, and abnormal peripheral smear. CT abdomen/pelvis showed superior mesenteric vein and portal vein thrombosis and necrotic nodes in the mesentery.
- EGD found pre-pyloric ulcers and colonoscopy was normal although the TI could not be intubated and random colon biopsies showed "granulomatous inflammation (infectious stains negative)."
- Upper GI series with small bowel follow through revealed dilation of the small bowel secondary to multiple strictures and inflammation. He had an open lymph node biopsy that revealed noncaseating granulomas.
- Antegrade double balloon enteroscopy showed a proximal small bowel stricture and a tight fibrotic stricture in the jejunum; biopsies from both sites were normal. Based on the imaging study demonstrating strictures with active inflammation, his disease likely represents Crohn's disease.
- Ultimately, he was treated with adalimumab therapy with improvement of his symptoms and small bowel strictures/dilation.

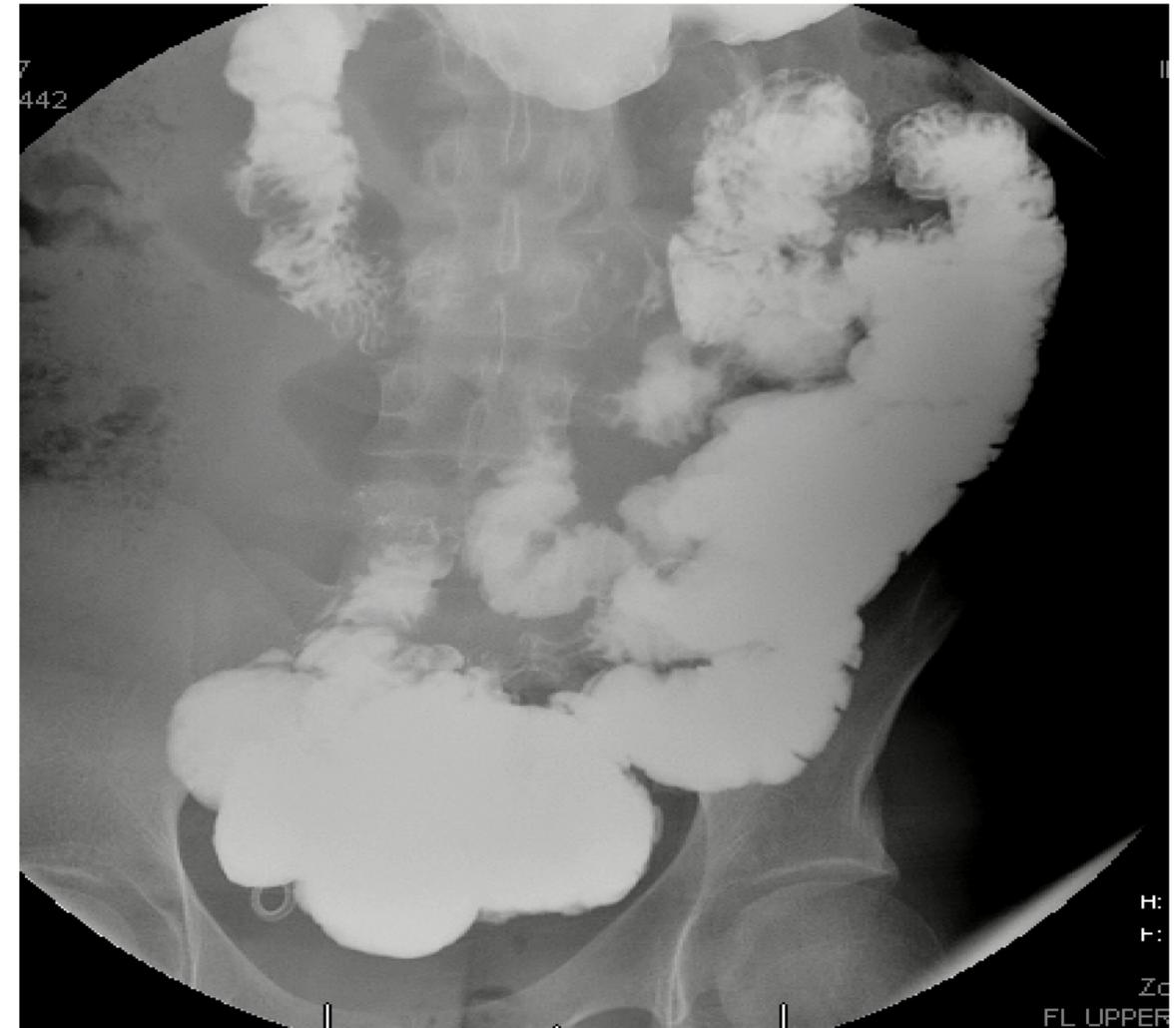


Figure 2: Strictures on Small Bowel Follow Through

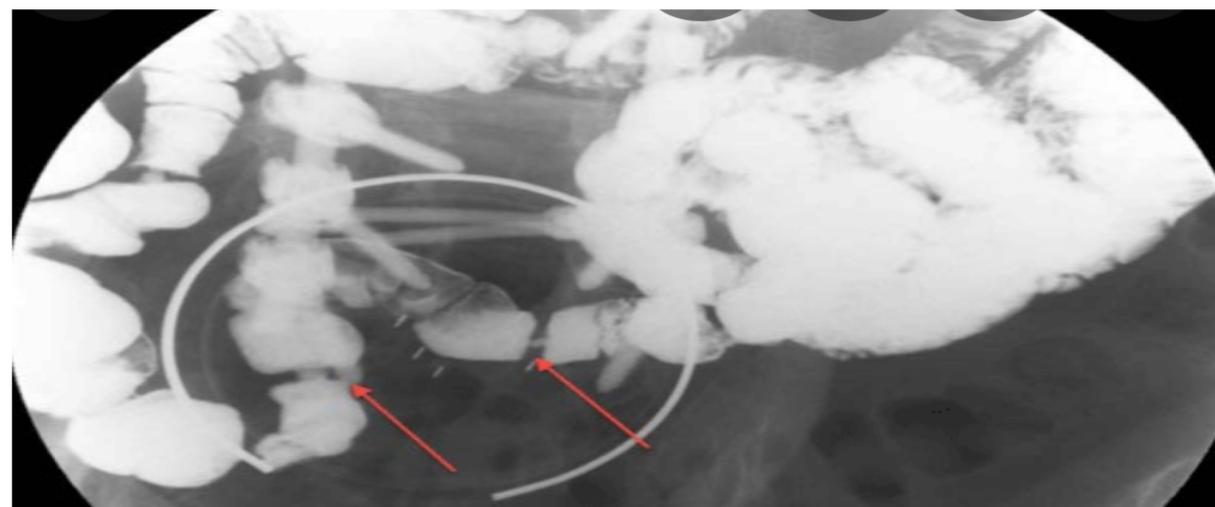


Figure 1: Evidence of stricturing disease

Discussion/Conclusions

- Small bowel strictures can be seen in CD, but it is important to rule out other mimics of CD before committing a patient to biologic therapy.
- This case elucidates the importance of including CMUSE and NSAID-induced strictures in the differential in a patient presenting with multiple small bowel strictures.
- Obtaining an appropriate history and medication reconciliation can be beneficial when determining the etiology and selecting treatment.