

Challenges in IBD
Crohn's Disease: Two Complicated Cases

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Case 1

- 22 year old male presented in 2001 at 11 with abdominal pain and weight loss
- EGD/colonoscopy demonstrated visible and histologic disease of distal ileum and colon
- Initially treated with 6mp with induction with prednisone
- Asymptomatic for short period after stopping prednisone, and after lost response was started on infliximab, lost response after induction then treated with adalimumab

- Seen for a second opinion at that point for further management

- Soon after second opinion had worsening disease necessitating admission and change in therapy

Case 2

- 22 year old female dx 2002 at age 10, presenting with fever, and abdominal pain
- PE: mild abdominal tenderness in RLQ, peri-anal skin tag on exam
- Labs: Platelets 739k iron 11 ESR 45
- Initial Egd/colon- thick pre-pyloric folds, appearance of CD of ileum and cecum of moderate severity
- Bx-Granuloma in TI, scattered mild colitis with granuloma in descending colon
- UGI with follow thorough demonstrated TI disease, normal colon
- Tx with 6mp and mesalamine and did well for over 10 years

- 2012--clinically asymptomatic on low fiber diet, 6MP 25mg daily
- egd/colon: ulceration at IC valve with stenosis "somewhat narrowed ileum, scope would not pass though IC valve"
- she began transitioning to adult GI at that point

- 2015 presents with obstructive symptoms: dull constant pain over 1 week, then sharp searing pain, went on liquid diet x 1 week, with eventual worsening of symptoms
- MRE-ongoing TI disease and 2 distinct segments of ileum with wall thickening and decreased peristalsis, with proximally dilated bowel.
- normal labs