PICTURES IN DIGESTIVE PATHOLOGY

Atypical endoscopic findings of crohn's disease

Expiración González-Montero¹, María Tejada-Cabrera¹, Francisco Bueno-Márquez², Alexis Piñero-García¹ y Antonio López-Cano¹

¹Clínica Astarté. Cádiz. ²Hospital Universitario Puerto Real. Cádiz, Spain

CASE REPORT

A 48-year-old man with an unremarkable medical history was referred to our center for evaluation of 4-5 months history of diarrhea without any pathological products and abdominal pain. Laboratory analysis and abdominal ultrasound were normal. We did a colonoscopy and found an isolated diverticulum in the sigmoid colon. In distal areas of the right colon and cecum, there were multiple mucosal “bridges” which occupied the whole lumen like a mesh (Fig. 1), without further signs of inflammatory activity. Nevertheless, the ileocecal valve was more open than usual and showed a slight erythema. The terminal ileum was normal. The colonic histology (Fig. 2) displayed unspecified chronic inflammation, and the terminal ileum samples were normal. Our diagnosis, based on the clinical data and the endoscopic findings, was Crohn's disease without acute inflammation.

DISCUSSION

Colonoscopy is an essential technique, allowing the diagnosis and assessing the extension and severity of inflammatory bowel disease.

In our case, the terminal ileum mucosa and the rest of the colon were normal, with the presence of multiple mucosal “bridges” and the ileocecal valve more open than usual as the only finding of inflammatory activity. The presence of these bridges is usually observed in patients with a long history disease and it is not related to the current activity. The most important finding in our case is the appearance of the mucosal “bridges”, because of the number of them, their location in the right colon and cecum and their interlaced aspect, a strange endoscopic expression of this disease. From the histological

Fig. 1. Terminal ileum.

Fig. 2. Colonic histology.

point of view, ileal biopsies were normal and colonic biopsies showed only chronic inflammation. However, we know that biopsies of ileum and colon in Crohn's disease often are inconclusive and endoscopy is the essential diagnostic technique.

RECOMMENDED REFERENCES

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