

PICTURES IN DIGESTIVE PATHOLOGY

Accumulation of mesalazine pills in the medium ileum in a patient with Crohn's disease

Carmen Martínez-Huertas, Paloma García-Villanova-Ruiz, José Pozo-Sánchez and Cristina Dávila-Arias

Department of Radiodiagnosis. Complejo Hospitalario Universitario de Granada. Granada, Spain

CASE REPORT

A 23-year-old patient diagnosed with Crohn's disease, in treatment with mesalazine and corticoids, came to the Gastroenterology Department due to vomiting and weight loss. The doctor requested a CT enterography.

The CT enterography with propyleenglicol showed a large dilatation of the medium ileum, with lots of hyper-attenuating endoluminal images (Figs. 1 and 2) and discontinuous areas of wall thickening, mucosal hyper-enhancement and small bowel stenosis (Fig. 3), characteristic of severe active Crohn's disease.

DISCUSSION

Crohn's disease is a chronic inflammatory condition (1) that can involve any portion of the gastrointestinal tract,

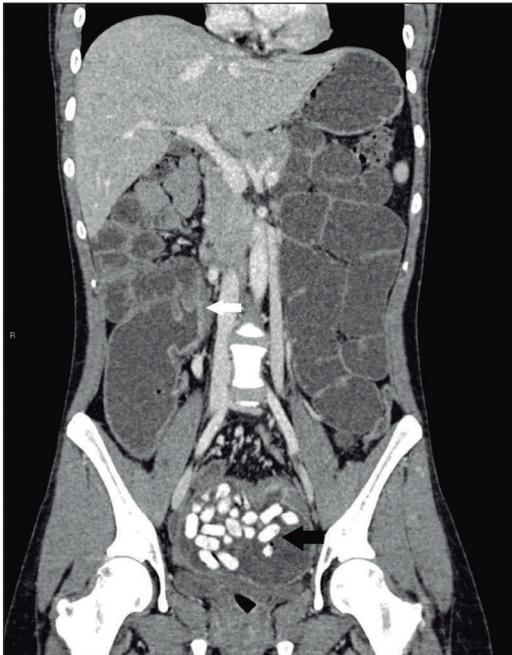


Fig. 1. MPR coronal reconstruction of CT enterography. Wall thickening and mucosal hyper-enhancement of a portion of the medium ileum (white arrow). Non-absorbed mesalazine pills inside a dilated loop of ileum (black arrow).



Fig. 2. Coronal 3D-VR reconstruction. Mesalazine pills accumulated inside a loop of the small bowel, located in the pelvis.

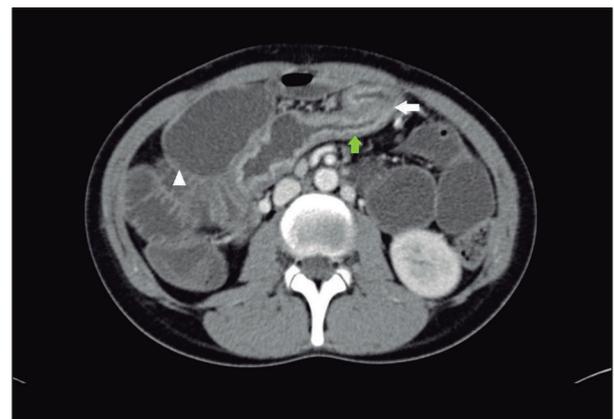


Fig. 3. Axial image of CT enterography. Marked wall thickening and mucosal hyper-enhancement in a portion of the medium ileum (green arrow) with an area of stenosis (white arrow) and dilatation of the small bowel (arrowhead).

although the small bowel is the most commonly affected portion, particularly the distal and terminal ileum (2).

It is characterized by transmural inflammation, a discontinuous pattern of distribution, a tendency to form fibrotic strictures and fistulas and alternating periods of active disease with periods of remission (1).

Mesalazine is an aminosalicilate which is widely used as an initial therapy for moderate Crohn's disease (1).

When provided orally, there are pH dependent formulations, such as the ones used in this case, which encapsulate the active drug in an enteric coat for it to be released only at a pH > 6, thus preventing premature disintegration in the stomach and proximal small bowel (3).

The interest of this case lies in the characteristic image of accumulated extended-release mesalazine pills, due to

a stenosis in the medium ileum which prevented their progression and absorption.

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