

A Foreign Body Simulating Crohn's Disease: About a Case

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ABSTRACT

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Introduction

The clinical presentation in Crohn's disease can be very heterogeneous, the differential diagnosis is usually related to inflammatory diseases, either infections or neoplastic diseases of the midgut, such as tuberculosis or lymphoma [1,2]. Other conditions associated with midgut inflammations can mimic Crohn's disease. The present case is that of a 34-year-old man with 8 months of intense colicky abdominal pain in the epigastrium and left flank, with a 20-kilogram weight loss. Upper gastrointestinal endoscopy revealed grade B peptic esophagitis and ileocolonoscopy was normal. Abdominal tomography was performed, finding concentric thickening of the walls of the third and fourth portions of the duodenum, with ulceration of the mucosa and adjacent inflammatory changes. Enteroscopy was performed, which revealed erosive pangastritis, aphthous duodenitis, and nonspecific aphthous jejunitis. Histopathology revealed nonspecific acute and chronic inflammatory infiltrate, without reaching a conclusive diagnosis. Magnetic resonance enterography was then performed, which reported "concentric and irregular mural thickening of the third and fourth portion of the duodenum and proximal jejunum in a length of 6.5 cm with asymmetric thickness of up to 9.7 mm, adjacent edema, without dilation or stenosis". 7 months later, his symptoms worsen. The clinical and imaging findings generated the diagnostic possibility of Crohn's disease, after management with steroids there was no improvement. A

new digestive endoscopy reported marked edema with two sacculations similar to diverticula in the third portion of the duodenum, one of which had a fibrin background and unclear image of possible foreign body (Figure 1), he was taken to exploratory laparotomy. During the surgical procedure, a transparent foreign body 6 cm long was found in the first jejunal portion (Figure 2).



Figure 1: Image suggestive of foreign body in upper gastrointestinal endoscopy.

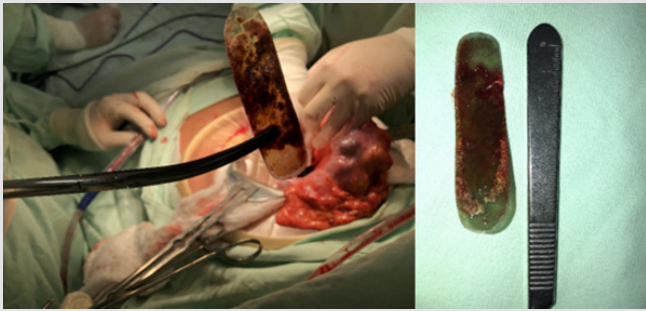


Figure 2: Image of foreign body after surgical removal.

The object was an acetate splint used in nasal surgical procedures. The patient stated that 18 months earlier he had undergone functional rhinoseptoplasty. The patient's evolution was satisfactory, with complete resolution of his symptoms. Reports in literature have described a picture of digestive infiltrative disease which can be confused with Crohn's as a result of the local inflammatory effect of foreign bodies [3]. The diagnosis, management, prognosis and potential complications related to digestive inflammatory processes are very different depending on the related clinical context [2,3]. Although the ingestion of foreign bodies is a common finding in the pediatric population, it should be considered in atypical situations within the differential diagnosis of Crohn's disease [4,5].

Ethical Considerations

The authors declare:

- Informed consent was obtained from the patients to receive the treatment or to participate in the research described.
- This article does not contain personal information that allows identifying the patients.
- No experiments have been done on animals or humans.

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Conflict of Interests

The authors declare they have no conflict of interests.

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