

INTESTINAL SUBOCCLUSION: THINKING OUTSIDE THE BOX

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A case report describes a 47-year-old man on angiotensin-converting enzyme inhibitor therapy who presented with abdominal pain, jejunal/ileal thickening, and ascites, ultimately diagnosed with C1-inhibitor deficiency and IgM monoclonal gammopathy of undetermined significance after resolution following ACEI discontinuation.

KEY POINTS

- The patient presented with 2 weeks of abdominal pain, vomiting, and decreased stool frequency, with CT showing parietal thickening of a greater than 10 cm segment in the distal jejunum/proximal ileum and moderate ascites.
- After hospitalization and discontinuation of the angiotensin-converting enzyme inhibitor, symptoms resolved within one week and imaging normalized after one month.
- Workup excluded inflammatory bowel disease, intestinal tuberculosis, and lymphoproliferative disorders through negative cultures, normal ileocolonoscopy, and negative ileal biopsies.
- Final diagnosis revealed acquired C1-inhibitor deficiency and IgM monoclonal gammopathy of undetermined significance, with no recurrent symptomatic episodes.
- The authors highlight intestinal angioedema as an important differential diagnosis for intestinal thickening that may be delayed due to low clinical awareness.

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