

SUBOCCLUSIVE CRISIS IN 21-YEARS OLD MALE: AN UNSUSPECTED DIFFERENTIAL DIAGNOSIS OF IBD

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UEG Week Copenhagen 2023

Poster

IBD

October 15, 2023

A 21-year-old male initially diagnosed with Crohn's disease and treated with adalimumab was ultimately found to have diaphragm disease following surgical resection for recurring subocclusive episodes.

KEY POINTS

- The patient presented with perianal abscess, right colon substenosis with ulcerations, and ileocecal valve deformation; initial histology was compatible with unclassified inflammatory bowel disease, leading to a Crohn's disease diagnosis.
- Despite adalimumab treatment, the patient experienced recurring subocclusive crises requiring ileo-colonic resection in January 2021.
- Surgical pathology revealed ileocecal valve circumferential stenosis and an occluding diaphragm between cecum and ascending colon, with histologic features of lymphoplasmacellular inflammation, eosinophils, architectural distortion, and Paneth metaplasia compatible with diaphragm disease.
- The patient took NSAIDs only occasionally, and no clear correlation was established between NSAID use and diaphragm formation.
- Six months post-surgery, the anastomosis appeared wide and without lesions, no further occlusive crises occurred, and the patient continues follow-up without adalimumab.

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