A VERY RARE ASSOCIATION OF WILSON'S DISEASE REVEALED BY AN ABSCESSED PERIANAL FISTULA: A CASE REPORT

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Case report describes a 17-year-old male with cirrhotic Wilson's disease who developed severe Crohn's disease complicated by perianal fistula and disseminated intravascular coagulation.

KEY POINTS

- A 17-year-old male with cirrhotic Wilson's disease stable on D-penicillamine presented with severe anal pain and bloody diarrhea.
- Colonoscopy revealed multiple ileocolic ulcers on edematous mucosa and histopathology confirmed active Crohn's disease; pelvic MRI identified a grade II active intersphincteric abscessed perianal fistula.
- Laboratory findings included severe anemia (Hb 4.4 g/dL), leukopenia, and elevated C-reactive protein.
- Treatment with high-dose intravenous corticosteroids for three weeks followed by oral tapering led to significant clinical and laboratory improvement.
- During hospitalization the patient developed disseminated intravascular coagulation with thrombotic microangiopathy requiring fresh frozen plasma transfusion, with favorable outcome; the authors note the co-occurrence of Wilson's disease and Crohn's disease is extremely rare and emphasize multidisciplinary management for such complex cases.

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