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Summary

BEYOND TERMINAL ILEITIS: A CASE REPORT OF EPIPLOIC APPENDAGITIS HIGHLIGHTING THE ROLE OF MULTIDISCIPLINARY APPROCH AGAINST MISLEADING ELEMENTS

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Colorectal

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A 32-year-old man with right lower quadrant pain and elevated fecal calprotectin was ultimately diagnosed with epiploic appendagitis after IBD was excluded through normal endoscopy and histology.

KEY POINTS

- Initial imaging showed terminal ileum wall thickening and mesenteric fat stranding with normal appendix, raising suspicion for inflammatory bowel disease alongside elevated fecal calprotectin.
- Colonoscopy to the terminal ileum revealed normal mucosa and biopsies were histologically unremarkable, with negative microbiological tests.
- Empirical antibiotic therapy with ciprofloxacin and metronidazole led to rapid clinical improvement and complete remission after one week.
- A multidisciplinary team diagnosed epiploic appendagitis based on localized pain, imaging showing a fatty lesion near the cecal serosa, and favorable treatment response, ruling out IBD.
- The case demonstrates that epiploic appendagitis can mimic IBD presentation and that multidisciplinary evaluation is essential for identifying less common diagnoses in ambiguous clinical scenarios.

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