Small Bowel Adenocarcinoma Arising in the Setting of Crohn's Disease Stricture

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BACKGROUND

- The associated complications of Crohn's disease include a variety of both gastrointestinal and extra-intestinal disease.
- Stricture formation remains one of the more highly prevalent associated complications.
- Small bowel malignancy associated with, or arising from, a formed stricture remains a rarity and presents further challenges to the management of both the malignancy and underlying Crohn's disease.

CASE PRESENTATION

- 51-year-old male with PMHx of Crohn's Disease diagnosed in early adulthood, not previously on budesonide therapy, presented with 2-3 month history of right-sided abdominal pain
- Past surgical history was significant for previous exploratory laparotomy with small bowel resection for suspected small bowel obstruction performed at an outside hospital over 20 year prior to current presentation
- CT abdomen/pelvis and MR Enterography were both obtained and demonstrated a small bowel obstruction at a point of fibrostenotic change coinciding with anastomotic line of previous surgery

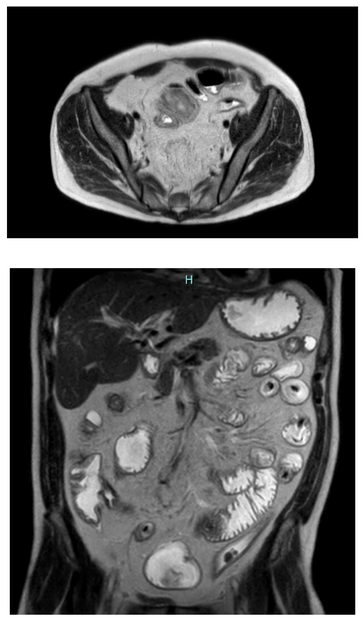


Figure 1. MR Enterography demonstrating signs suspicious for stricutre formation

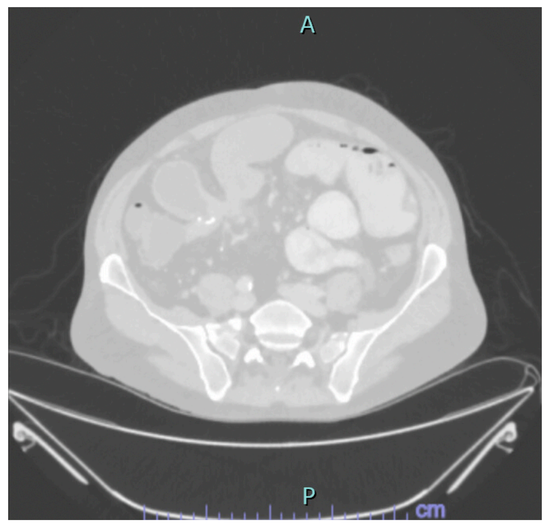


Figure 2. CT AP

CASE PRESENTATION (cont.)

- He was taken to the operating room after failure of medical management and underwent diagnostic laparoscopy, laparoscopic lysis of adhesion and mobilization of the right colon, conversion to exploratory laparotomy with ileocecectomy and primary anastomosis.

- Diagnostic laparoscopy did reveal a large, phlegmonous appearing mass at the site of the stricture which was then resected

SURGICAL PATHOLOGY

- 7cm tumor with invasive moderately differentiated small bowel adenocarcinoma arising from the area of stricture formation; stage IIB (T4N0M0)

DISCUSSION

- Few reported cases of small bowel adenocarcinoma in the setting of a Crohn's disease-related stricture formation exist; however, in nearly all cases, diagnosis of underlying malignancy was only able to be obtained after surgical resection
- With a paucity of data to inform guidelines and limitations to imaging studies to detect underlying lesions, emphasis should remain on limiting disease relapse and subsequent inflammatory insult to the bowel with further medical optimization
- Surgeons should exercise a higher level of suspicion for malignant potential in younger patients with worsening symptoms or those with suspicion for stricture formation
- A lower threshold should be utilized in these cases to pursue surgical resection where medical management has failed and the likelihood for bowel obstruction is increased