Chronic Terminal Ileum Dilation and a New Diagnosis of Crohn's

Adalgisa Varuolo MD, Aaron Dank MD, Matthew Jung DO

INTRODUCTION

The most common symptoms of Crohn's disease are often non-specific, including diarrhea, abdominal distension, and bloating. The objective of this case report is to highlight a rare initial presentation of Crohn's.

Presentation

This patient is a 45-year-old female with chronic diarrhea who was diagnosed with nephrotic syndrome secondary to protein losing enteropathy on initial presentation in 2023. CT at that time showed dilated loop of distal ileum up to 11cm. Patient was started on TPN and pancrelipase for nutritional optimization and planned surgical resection. EGD and colonoscopy with biopsies were normal, however she was lost to follow up.

She then re-presented in September 2024 with recurrent diarrhea, was treated empirically for SIBO and increased dose of pancrelipase. Repeat CT now showed dilated cecum of 14cm. Patient discharged and once again lost to follow up, however was re-admitted 2 months later with cecum dilated to 15cm and obstructive symptoms. Patient ultimately underwent laparoscopic converted to open laparotomy with ileocecectomy and end ileostomy creation. Post-operative course was complicated by DVT/PE requiring anticoagulation. Surgical pathology was significant for mucosal ulcerations and transmural chronic inflammation suspicious for Crohn's disease.

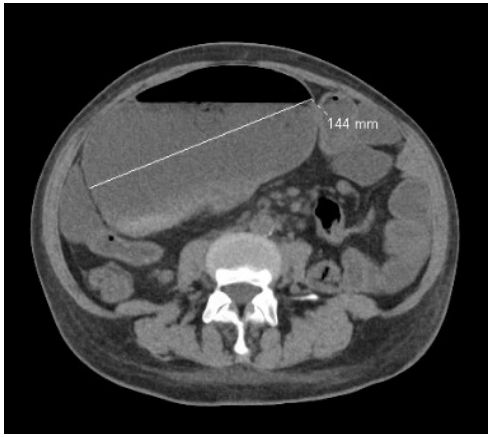

Figure 1: CT showing 14cm dilation of cecum prior to ileocecectomy.

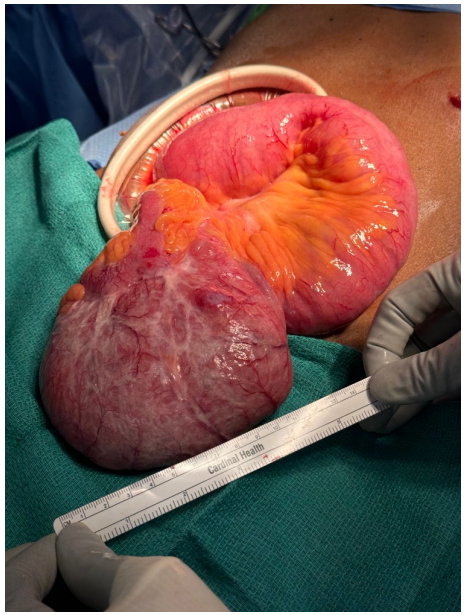

Figure 2: Intra-operative photo of terminal ileum and cecum

Clinical Course

The patient was ultimately discharged home and returned in May 2025 for ileostomy reversal and small bowel resection, whichc was successful.

Most recently, she has been followed by her gastroenterologist for continued debilitating episodes of diarrhea. She is taking sulfasalazine but is interested in escalating therapy with biologic agents.

CONCLUSIONS

Most patients with Crohn's develop symptoms of abdominal pain, diarrhea, bloating, nausea and vomiting. However, this patient's initial presentation of Crohn's chronic terminal ileum dilation secondary to a stricture. Chronic inflammation leads to strictures in 35% of cases within 10 years of diagnosis [1]. Medical management is the initial management for Crohn's disease, however for patients who present with stricturing disease and obstructive symptoms a multidisciplinary team of gastroenterologists, colorectal surgeons, and pathologists [2]. In this patient, whose initial presentation was uncommon, conservative management given impending perforation would not have been appropriate.

REFERENCES

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