

A RARE CASE OF STRICTURING CROHN'S DISEASE INITIALLY MISDIAGNOSED AS ULCERATIVE COLITIS PRESENTING WITH RECURRENT SMALL BOWEL OBSTRUCTION: A CASE REPORT

Medical Gastroenterology

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ABSTRACT

Background: Crohn's disease is a chronic inflammatory bowel disease characterized by transmural inflammation, resulting in strictures, fistulas, and intestinal obstruction. Early differentiation from ulcerative colitis is essential because treatment strategies and long-term outcomes differ. **Case Presentation:** A 46-year-old male was initially diagnosed with ulcerative colitis in 2019 based on colonoscopy and histopathology and responded to mesalamine. Owing to financial constraints, he became non-compliant with treatment for nearly two years. In August 2022, he presented with acute intestinal obstruction. CT abdomen demonstrated proximal small bowel dilatation with transition point suggestive of obstruction. Emergency laparotomy revealed multiple jejunal strictures with perforation and mesenteric fat creeping. Segmental small bowel resection with end-to-end anastomosis was performed. Histopathology showed transmural inflammation with stricture formation favoring Crohn's disease. He was treated with corticosteroids followed by azathioprine and mesalamine. During follow-up, he experienced another obstructive episode managed conservatively. Subsequent CT enterography showed distal ileal strictures, while surveillance colonoscopy demonstrated ileal polyps, histologically confirmed as hyperplastic polyps. **Conclusion:** This case highlights the diagnostic challenge of differentiating Crohn's disease from ulcerative colitis and emphasizes the importance of long-term surveillance, medication adherence, and timely surgical intervention in stricturing Crohn's disease.

KEYWORDS

Crohn's disease, inflammatory bowel disease, intestinal obstruction, small bowel stricture, case report

INTRODUCTION

Crohn's disease (CD) is a chronic relapsing inflammatory bowel disease characterized by transmural inflammation that may involve any segment of the gastrointestinal tract. Unlike ulcerative colitis, Crohn's disease frequently leads to complications including strictures, fistulas, perforation, and bowel obstruction. Delay in diagnosis or misclassification as ulcerative colitis may postpone appropriate therapy and increase morbidity. We report a patient initially treated as ulcerative colitis who subsequently developed stricturing Crohn's disease with recurrent intestinal obstruction requiring surgical management.

Case Presentation

A 46-year-old male from Saroor Nagar presented with a history of chronic abdominal pain and increased stool frequency beginning in 2019. He was diagnosed elsewhere as ulcerative colitis based on colonoscopy and histopathology, although the original records were unavailable. He received mesalamine (1.2 g twice daily) with symptomatic improvement for approximately one year.

From 2020 onward, treatment adherence became irregular because of financial limitations. In August 2022, he presented with sudden-onset colicky periumbilical pain, obstipation, and progressive abdominal distension. CT abdomen demonstrated multiple dilated proximal small bowel loops with a transition point suggestive of acute small bowel obstruction.

Emergency exploratory laparotomy revealed multiple jejunal strictures, small bowel perforation, fecal contamination, and mesenteric fat creeping. Resection of the strictured bowel with primary end-to-end anastomosis was performed.

Histopathological examination demonstrated patchy ulceration, granulomatous inflammation, focal transmural inflammation, and stricture formation, with features favoring Crohn's disease and no evidence of malignancy.

Postoperatively, the patient received corticosteroid induction therapy followed by azathioprine and mesalamine maintenance therapy. Biological therapy was advised but could not be initiated because of financial constraints.

In 2023, he experienced another episode of intestinal obstruction. Surgery was advised, but he declined because of financial limitations. Symptoms resolved with conservative management.

During follow-up from 2023 to 2026, the patient reported intermittent colicky abdominal pain relieved after bowel movements without

weight loss, gastrointestinal bleeding, or extraintestinal manifestations. Examination revealed a healed laparotomy scar and a small right iliac fossa mass. Laboratory investigations demonstrated microcytic hypochromic anemia (hemoglobin 9 g/dL) with elevated ESR. CT enterography showed distal ileal strictures with bowel wall thickening, luminal narrowing, and mesenteric vascular engorgement consistent with active Crohn's disease. Surveillance colonoscopy demonstrated terminal ileal polyps, and histopathology confirmed hyperplastic ileal polyps with chronic active proctocolitis.

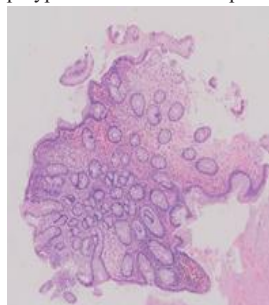


Figure 1

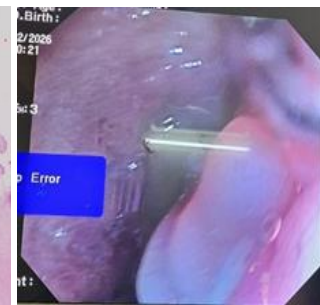


Figure 2

- Figure 1) Histopathological section demonstrating hyperplastic ileal polyp with chronic inflammatory changes.
- Figure 2) Colonoscopic image showing terminal ileal hyperplastic polyp.

DISCUSSION

Crohn's disease frequently presents diagnostic challenges, particularly when initial findings resemble ulcerative colitis. In this patient, the later development of transmural inflammation, mesenteric fat creeping, jejunal strictures, perforation, and recurrent obstruction established the diagnosis of stricturing Crohn's disease.

Small bowel obstruction is among the most common indications for surgery in Crohn's disease. Although bowel resection effectively relieves obstruction, postoperative recurrence remains common, necessitating maintenance immunosuppressive therapy and regular surveillance.

Financial constraints significantly influenced disease progression in this patient by limiting medication adherence and preventing biological therapy. This highlights the importance of addressing socioeconomic barriers during long-term management.

The presence of ileal hyperplastic polyps further justified continued endoscopic surveillance because patients with inflammatory bowel disease remain at increased risk of neoplastic transformation over time.

CONCLUSION

This case demonstrates that Crohn's disease may initially mimic ulcerative colitis and later present with severe stricturing complications requiring emergency surgery. Histopathological confirmation, postoperative maintenance therapy, patient adherence, and regular surveillance are essential to improve long-term outcomes. Recognition of socioeconomic barriers is equally important for successful management.

REFERENCES

1. Bratanic, A., Rosic Despalatovic, B., Pavic, B., Bozikovic, T., Ardalic, Z., Grubisic, D. A., & Vilovic, K. (2023). Obstructive giant inflammatory polyposis as a first manifestation of Crohn's disease: A case report. *Clinical Case Reports*, 11, e8072. <https://doi.org/10.1002/ccr3.8072>
2. Seo, G. J., & Cho, H. S. (2020). Long, pedunculated, large hyperplastic polyp of the terminal ileum protruding through the ileocecal valve: A case report. *Annals of Coloproctology*, 36(6), 421–424. <https://doi.org/10.3393/ac.2018.11.29.1>
3. Katsanos, K. H., Tsianos, V. E., Maliouki, M., Adamidi, M., Vagias, I., & Tsianos, E. V. (2010). Obstruction and pseudo-obstruction in inflammatory bowel disease. *Annals of Gastroenterology*, 23(4), 243–256.
4. Anandan, K., Hariprasad, N., & Kannan, R. (2021). Acute small bowel obstruction in Crohn's disease. *Paripex – Indian Journal of Research*, 10(12), 24–25. <https://doi.org/10.36106/paripex>