Case report:A rare case of Isolated duodenal Crohn's disease(CD)

Mohammed Ali, Hind Awad, Maurice Murphy, Ashraf Morcos

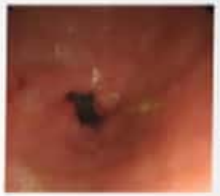
Gastroenterology Department

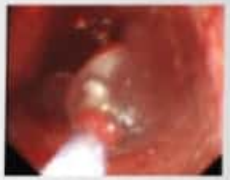
Introduction : Although CD can affect any part of the gastrointestinal tract, it most commonly involves the terminal ileum or colon and rarely affects the stomach and duodenum. CD confined to the stomach or duodenum without involvement of the small intestine and colon is very rare with a frequency reported to range between 0.5% and 4.0%.

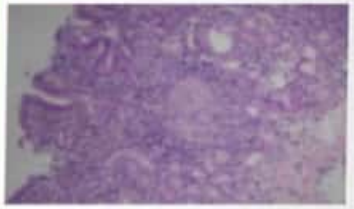
Presenatation:A previously healthy 55-year-old woman referred to GI team with a working diagnosis of possible malignant gastric outlet obstruction and thickened duodenal wall on abdominal imaging following admission to AMU with upper abdominal pain, early satiety and severe weight loss. She has family history of IBD.

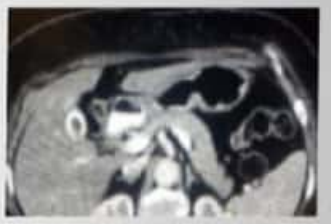
Diagnosis and management

The CT showed significant duodenal wall thickening up to 7.4mm for approximate length of 36mm at the level of D1/D2 junction with narrowing of the lumen up to 3.5mm (Image 5). Gastroscopy showed mucosal oedema with serpentine-like ulcerations at the duodenal bulb and significant stenosis at D1/D2 junction requiring dilatation with TTS/CRE balloon (Image 2). Small bowel Crohns' disease was therefore suspected. Initial histopathology of duodenal biopsies was inconclusive and reported H.Pylori gastritis. We repeated the duodenal biopsies with multiple biopsies from duodenal bulb and D2 and histopathology confirmed the finding of non-caseating epithelioid granulomas (image 4). No such finding was reported in gastric biopsies.
No evidence of distal small bowel involvement on abdominal imaging and she had no lower GI symptoms. Previous ileocolonoscopy and biopsies were reported as normal(Image 3).
Biological therapy with infliximab infusion was commenced after proper surveillance.
She had marked clinical response with resolution of all symptoms.
Repeated gastroscopy at 6 months on Infliximab infusions showed complete endoscopic remission with residual minimal fibrotic stenosis at D1/D2 junction (image 1). Histopathology confirmed mucosal remission.


1


2


4


5

Conclusion

Symptomatic duodenal Crohn's disease (CD) is an uncommon, especially in isolation. The most common duodenal disease phenotype is stricturing disease rather than inflammatory or perforating.
The majority of patients with duodenal CD have concurrent involvement of the terminal ileum or large intestine at presentation, rather than presenting with symptomatic CD of the duodenum alone.
High index of clinical suspicion and repeated sampling might be needed to diagnose isolated Duodenal Crohns disease.

References:.
1-Torres J, Mehandru S, Colombel JF, Peyrin-Biroulet L. Crohn's disease. Lancet 2017;389:1741-55. [Google Scholar] [Crossref] [PubMed]
2. Lamb CA, et al. Gut 2019;68:s1-s106. Doi:10.1136/gutjnl-2019-318484. British Society of Gastroenterologist consensus guidelines on the management of inflammatory bowel disease in adults. [PMC free article] [PubMed] [Google Scholar]

Scanned with CamScanner