



SHORT REPORT

Small bowel carcinoma mimicking a relapse of Crohn's disease: A case series

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Abstract

We describe three patients diagnosed and treated for presumed (relapsing) Crohn's disease, but who were subsequently diagnosed with a small bowel carcinoma. This case series underlines the necessity of performing a full work up in the diagnosis of CD and to consider small bowel carcinoma in patients with small bowel CD failing medical therapy.

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1. Case series

Patient characteristics are listed in [Table 1](#) and Tumor characteristics are demonstrated in [Table 2](#)).

1.1. Patient 1

A 57-year old male with a 9.5-year history of Crohn's disease (CD) presented at the outpatient clinic with abdominal pain

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localized in the right lower quadrant of his abdomen. Because of a suspected relapse he used budesonide 9 mg and mesalazine 3000 mg daily. Small bowel follow throughs at 10 and 7 years prior to this current relapse demonstrated an extensive stenosis of the terminal ileum. During ileocolonoscopy, the terminal ileum was not intubated but erosions with edema of the mucosa were seen through the ileocecal valve. Due to the difficulty of the procedure no biopsies were taken. Colonoscopies during follow-up showed no abnormalities, but the terminal ileum was never intubated. Biopsies taken from the colon showed by histology a mild chronic, non-specific colitis with a slightly elevated number of inflammatory cells. No granulomas could be identified.

At the current presentation physical examination was normal. Biochemistry revealed a slightly increased ESR of 21 mm/h ($n < 15$) and a CRP of 24 mg/l ($n < 11$ mg/l) with a

Table 1 Patient characteristics.

| Patient no. | Gender | Age at diagnosis carcinoma (years) | How was CD-diagnosis made? | Duration CD (yrs) | Medication use during fu ^a |
|-------------|--------|------------------------------------|---|-------------------|--|
| 1 | M | 57 | Small bowel follow- through: Extensive stenosis of the terminal ileum and a severe ileitits with cobblestones and ulcerations conform CD Abdominal CT-scan: Thickened ileocecal valve in the right lower abdomen with minor induration of the fat tissue. Colonoscopy: no abnormalities (terminal ileum not always reached) Once, in terminal ileum possible erosions and edema. | 9.5 | Budenoside + mesalazine |
| 2 | F | 50 | Abdominal CT-scan: A strongly thickened terminal ileum of at least 30 cm with extension of the colitis in the adjoining mesenterial fat tissue + fistula tracts Ileocolonoscopy: No signs of CD 2nd abdominal CT-scan: Inflamed terminal ileum + fistula tracts | 2 | 5-ASA + prednisolone + immunisuppressives + Anti-TNF |
| 3 | F | 48 | CT-scan: Compatible with CD Resection specimen: Active inflammation in the terminal ileum with mucosal erosions and transmural inflammation with fibrosis. | 0 | none |

^a Between onset of CD and carcinoma-diagnosis.

normal blood count. Because of the previous difficulties with ileocolonoscopy it was decided to perform an abdominal Computed tomography (CT)-scan which showed a thickened ileocecal valve with minor induration of the surrounding fat tissue. A colonoscopy, performed afterwards, showed a

thickening of the ileocecal valve, which could not be passed. Histopathological biopsy samples from the valve revealed a mucinous adenocarcinoma.

An abdominal magnetic resonance imaging (MRI) demonstrated a pathologic terminal ileum over a distance of at

Table 2 Tumor characteristics.

| Patient no. | Symptoms prior to cancer-diagnosis | Imaging leading to cancer-diagnosis | Diagnosis carcinoma | Type of carcinoma | Tumor characteristics |
|-------------|--|---|---|-------------------------|-----------------------|
| 1 | Abdominal pain in right lower quadrant + persistent stenosis in terminal ileum | Colonoscopy: No CD activity, thickening of the wall of the ileocecal valve MRI: pathologic terminal ileum + infiltration of surrounding fat tissues with enlarged mesenterial glands | Histopathological analysis of biopsies taken during colonoscopy | Mucinous adenocarcinoma | pT4N2M1 |
| 2 | Abdominal pain with severe vomiting + thickened terminal ileum at CT-scan | CT-scan: Thickened terminal ileum | In resection specimen after ileocecal resection because of persistent stenosis in terminal ileum. | Adenocarcinoma | pT2N0Mx |
| 3 | Persistent vomiting, diarrhea, abdominal pain and weight loss | CT-scan: Dilatated jejunum + ileum + lymphadenopathy with local stenosis + prestenotic dilatation | In resection specimen after ileocecal resection for an ileus | Adenocarcinoma | pT3N0M0 |

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