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# Subacute distal ileitis in a healthy young adult

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*Dear Editor,*

A previously healthy 36-year-old male presented with pain in the right lower abdomen associated with weight loss, diarrhea and fever, after suffering blunt abdominal trauma during a vehicular collision 4 weeks earlier. His blood pressure and pulse rate were normal. He had an hematocrit of 39 % and 14.300 leukocytes/mm3 (76 % neutrofiles).

The CT scan showed a concentric thickening of the terminal ileum wall, regional adenopathies, signs of vascular hyperemia and scarce free abdominal fluid (Figure 1). Blood and stool cultures were negative.

Ileocolonoscopy revealed normal colonic mucosa, while multiple erosions and fibrin covered ulcers were seen in the terminal ileum.

Due to persistance of symptoms an explorative laparoscopy was performed. A plastron composed of the appendix, caecum and 30 cm of small bowel loops was found. Enterolysis and appendicectomy were performed resulting in a return to normal coloration and bowel peristalsis. The patient made a full recovery, gained weight and returned to normal activities.

Delayed ischemic manifestations of blunt abdominal trauma are a rare entity, being the small bowel and mesentery the most affected structures after the liver and the spleen. Direct trauma to the abdomen may cause vascular injury and ischaemia which may belatedly develop structural

lesions such as stenosis and even perforation (1,2).

Clinical evaluation alone is often insufficient and associated with diagnostic delays, hence radiology plays an important role in the management of these patients (2).

When available, double ballon enteroscopy is a particularly useful tool in these scenarios. It allows both direct visualization of the mucosa as well as the performance of enteroclysis in case of severe strictures (3).

Stable patients can be managed conservatively. In cases of peritonitis or persistence or worsening of symptoms surgical exploration may be warranted to prevent delayed complications (4).

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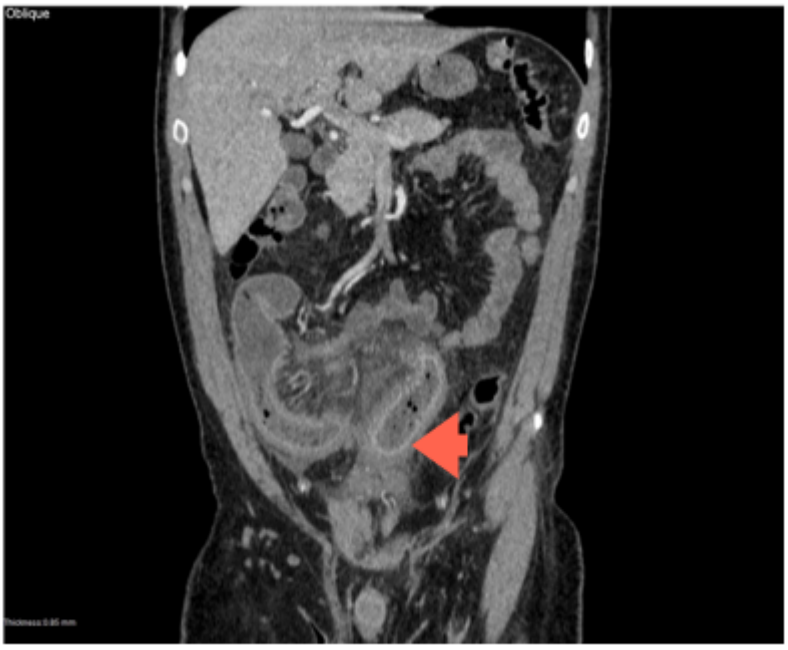


Figure 1 Abdominal CT shows enhancement and thickening of terminal ileum wall (arrow).