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Terminal ileitis - When all factors come together

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The authors obtained an informed consent from the patient for the publication of their information and imaging

Case Report

A 45-year-old male, with a recent surgery for odontoid fracture, presented to the emergency department with a 15-days history of abdominal pain associated with fever and weight loss. He reported a recent history of antibiotic therapy due to respiratory infection and a frequent use of anti-inflammatory drugs (NSAIDs) in the last three months.

On admission he was feverish (38º) and with abdominal pain on the right iliac fossa. Initial blood work revealed an elevated C-reactive protein (229 mg/L) and leukocytosis (33800/mm3).

Abdominal ultrasound showed wall thickening of the cecum, terminal ileum and ileocecal appendix. Abdominal CT presented a normal ileocecal appendix and a parietal thickening of the terminal ileum (Fig. 1).

Colonoscopy revealed a terminal ileum with extensive ulcerated areas as well as an eroded ileoceal valve (Fig. 2). Ciprofloxacin and metronidazole were started and the patient was warned to stop NSAIDs.

Histopathologic examination was negative for BK and a nonspecific ulceration was described. Fecal microbiology and Clostridium proved to be negative.

At 6 months, the colonoscopy was normal (Fig. 3) and the patient asymptomatic. Therefore, a presumptive diagnosis of NSAID enteropathy was made.

Most NSAID-induced injuries are subclinical. When present, symptoms and signs of NSAID enterophaty are nonspecific and may include iron deficiency anemia, gastrointestinal bleeding, anemia, hypoalbuminemia or malabsorption and watery or bloody diarrhea[1]. The authors, with this case, reinforce the need for clinical suspicion of NSAID enteropathy in a patient with several clinical confounding factors.

References:

1 - Bielsa-Fernández MV, Tamayo-de la Cuesta JL, Lizárraga-López J, et al. The Mexican consensus on the diagnosis, treatment, and prevention of NSAID-induced gastropathy and enteropathy. Rev Gastroenterol Mex (Engl Ed) 2020; 85:190. PMID: 32094057

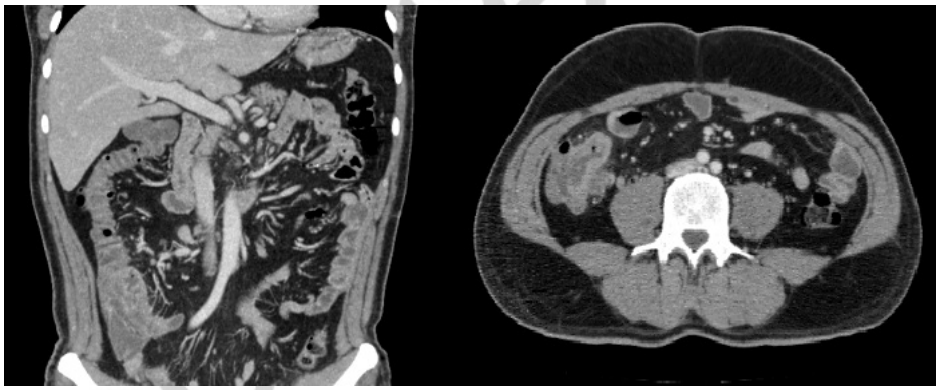

Fig. 1 Abdominal CT showing a normal ileocecal appendix and a parietal thickening of the terminal ileum.

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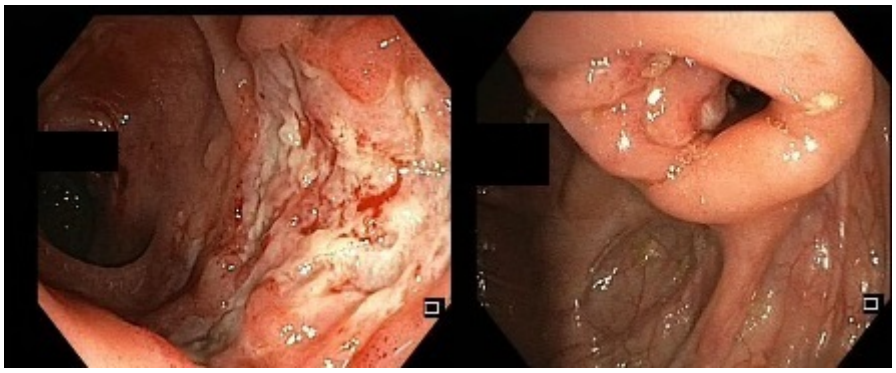

Fig. 2. Terminal ileum with extensive ulcerated areas, and an eroded ileoceal valve.

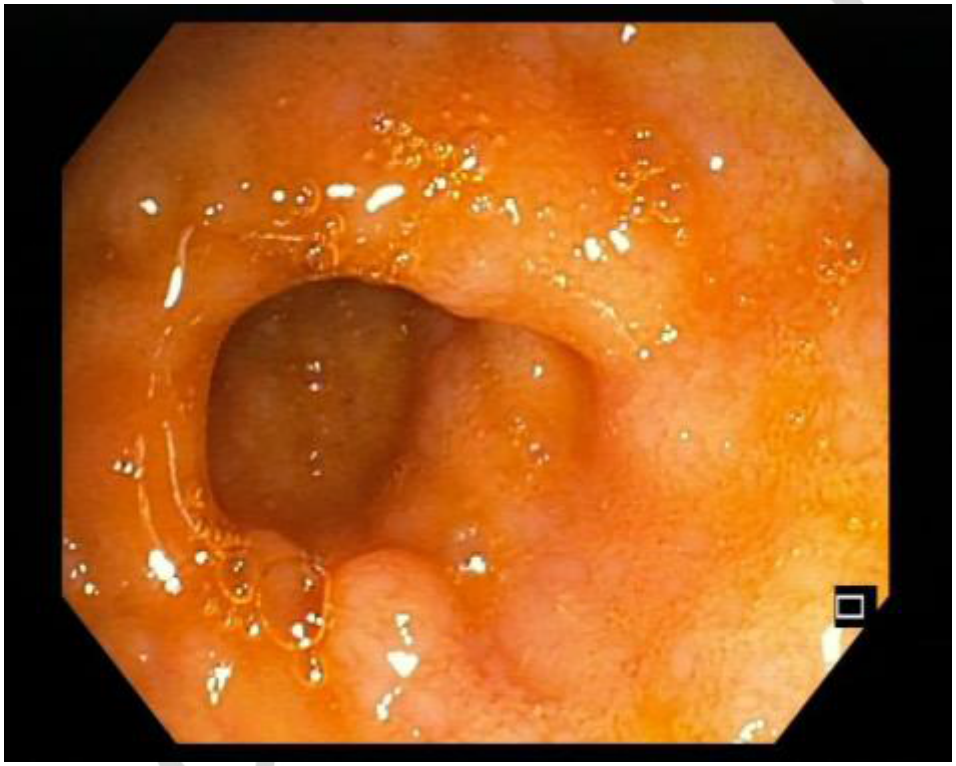

Fig. 3. Terminal ileum with extensive ulcerated areas, and an eroded ileoceal valve.