Revista Española de Enfermedades Digestivas
The Spanish Journal of Gastroenterology

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DOI: 10.17235/reed.2022.9423/2022
Link: PubMed (Epub ahead of print)

Please cite this article as:
Sequeira Cristiana, Santos Inês, Lopes Sara, Teixeira Cristina, Alves Ana Luísa, Oliveira Ana Paula. Isolated Jejunal Crohn's Disease: a challenging diagnosis . Rev Esp Enferm Dig 2022. doi: 10.17235/reed.2022.9423/2022.

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Isolated jejunal Crohn's disease: a challenging diagnosis

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Conflict of interest: the authors declare no conflict of interest.

Keywords: Crohn's disease. Small bowel capsule endoscopy. Abdominal pain.

Dear Editor,

A 27-year-old Nepalese male presented with recurrent abdominal pain accompanied by less consistent stools. The patient had undergone investigation, withe no alterations in the blood tests, abdominal scan, esophagogastroduodenoscopy and colonoscopy, so the symptoms were attributed to irritable bowel syndrome. However, he was referred to our department as the symptoms had become more frequent. He denied fever, nausea, vomiting, abdominal distention or extraintestinal manifestations. An extensive work-up was performed, revealing an elevated fecal calprotectin (1,086 mg/kg). The remaining laboratory, stool workup for infection, esophagogastroduodenoscopy and ileocolonoscopy with biopsies were normal. Small bowel capsule endoscopy (SBCE) revealed jejunal mucosa with lymphangiectasias, pseudopolypoids formations and superficial longitudinal ulcers (Fig. 1A-D). These findings were corroborated by double-balloon enteroscopy, and biopsies showed marked architectural distortion, chronic inflammatory infiltrate and an epithelioid granuloma (Fig. 1F). The clinical, endoscopic, biochemical and histological findings were consistent with isolated jejunal Crohn's disease (IJCD). The patient started adalimumab, with complete remission after one

year.

Discussion

IJCD is a rare presentation, representing < 1 % of cases, whose diagnosis is challenging due to its location and unspecific presentation (1,2). This case illustrates the use of calprotectin as a screening tool for small bowel inflammation and the need for a sequential diagnostic approach when small bowel pathology is suspected, emphasizing the sensitivity of SBCE (3). Finally, this patient posed an additional diagnostic challenge given the epidemiological link and the presence of constitutional symptoms, which required the exclusion of infectious agents and neoplastic etiology, for which histopathological evaluation has proved essential.

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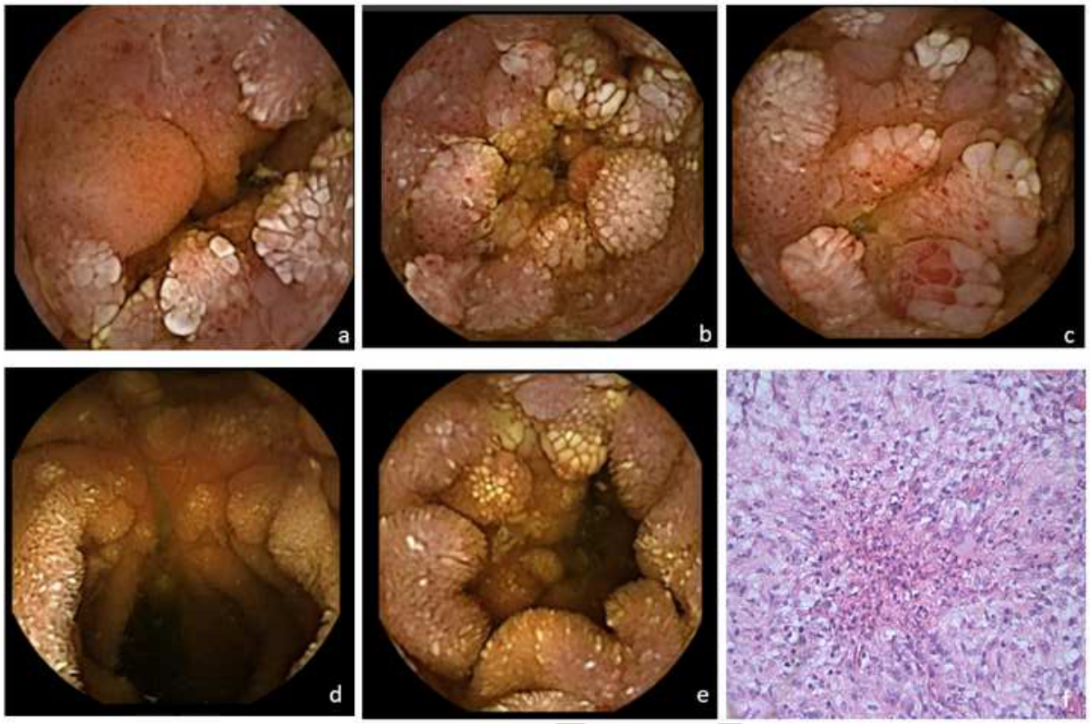

Fig. 1. A-E. Exuberant findings in the jejunum characterized by a diffusely edematous mucosa with hyperemia, lymphangiectasias, pseudopolypoids formations and erosions and superficial longitudinal ulcers. F. Non-caseous granuloma. Histopathological examination excluded vasculitis, neoplastic tissue, or evidence of microorganisms (without periodic acid-Schiff [PAS]-positive granules, negative polymerase chain reaction for *Tropheryma whipplei,* parasites, or acid-alcohol-resistant bacilli by Ziehl Neelsen coloring technique).