## Abstract

Crohn's disease (CD) is a chronic inflammatory bowel disease involving ent gastrointestinal tract, most commonly affecting terminal ileum and colon. It usually presents with gastrointestinal symptoms like bloody diarrhea, fever and loss of weight. The clinical course of CD includes gastrointestinal complications like fistulas, abscesses and perianal disease.

Inflammatory bowel diseases (IBD) are usually diagnosed during childhood and adolescence, majority during puberty and pubertal growth spurt. Various extraintestinal manifestations may be a presentation of CD that poses a diagnostic challenge. Growth failure is an important complication of IBD rather than a manifestation. Herein we present a case of a 16-year-old Sri Lankan girl presenting with growth failure and primary amenorrhea. She had minimal gastrointestinal symptoms. She also had microcytic anemia with marginally elevated inflammatory markers and hormonal profile. She underwent colonoscopy and was diagnosed to have Crohn's disease confirmed by ileal biopsy. On initiation of treatment with immunosuppressants, she attained menarche, although no improvement in height was observed.

toms by many years [4]. Considering the paediatric population, the mean delay in diagnosis is 24 months, while its 2-18 months for ulcerative colitis. When presenting with extraintestinal features, a high level of suspicion is needed to diagnose CD. Here, we report the case of a young school girl presenting with features of growth failure and primary amenorrhea as an atypical presentation of CD.

## Case Presentation

A 16-year-old girl presented with loss of appetite and weight loss of four-year duration. Due to the COVID-19 pandemic as well as her poor socioeconomic background, the family did not seek medical treatment for the said symptoms. She also complained of being short in class and not having attained menarche. She did not have fever, joint pains, oral ulcers, hair loss, red eyes, back pain or symptoms suggestive of hyperthyroidism or hypothyroidism. She had a history of occasional loose stools for the past six months, which were small in quantity, watery, and not associated with blood, mucus or abdominal pain. Loose stools settled spontaneously without any treatment. Four years ago, she was evaluated by the pediatric team for weight loss and anemia and was treated with hematinics, as for iron deficiency nutritional anemia, but lost follow-up to treatment in four months. She was not diagnosed with any congenital anomalies during antenatal or postnatal periods and had a normal, healthy childhood until she presented with the above-mentioned symptoms. She had age-appropriate milestone achievements and denied recurrent childhood infections. Her mother's age of puberty was 13 years. Her school performance was also found to be good. Her two younger siblings had age-appropriate heights, and her mother's and father's heights were 147 cm and 157 cm, respectively. On physical examination, her weight was recorded as 30 kg, height 143 cm and BMI 14.3 kg/m$^2$; blood pressure was 110/70 mmHg. Apart from mild bilateral pitting pedal edema, her general examination was unremarkable. The abdomen was soft, non-tender with no organomegaly or lymphadenopathy, and respiratory, cardiovascular and thyroid examinations were normal. No breast buds or secondary sexual hair was noted. Laboratory findings are given in Table *1*.

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