Abstract

Intestinal tuberculosis (ITB) and Crohn's disease (CD) are chronic granulomatous diseases that often share similar clinical presentations and pathological features. Distinguishing between these two conditions is crucial for appropriate management, as their treatment approaches differ significantly. Misdiagnosis can lead to increased mortality and morbidity. This case study presents a 32-year-old male with a history of Crohn's disease and epilepsy, who presented with epigastric pain, weight loss, and bowel wall thickening on imaging. Diagnostic laparoscopy revealed small bowel perforation, prompting emergency laparotomy. The patient was subsequently diagnosed with HIV during screening. Laboratory results showed abnormal blood counts, elevated inflammatory markers, and deranged liver function tests. Biopsy findings were indicative of CD, while colonoscopy revealed aphthous ulcers. This case underscores the challenge of distinguishing ITB from CD, particularly in regions endemic for tuberculosis, and emphasizes the importance of thorough evaluation and accurate diagnosis for optimal patient care.