

Abstract

Introduction

Crohn's disease is a type of inflammatory bowel disease, characterized by inflammatory type of chronic diarrhoea. It may affect anywhere of the gastrointestinal tract, causing transmural inflammation and deep ulceration. Symptoms are chronic diarrhoea, abdominal pain, fistula formation, fever, weight loss and fatigue. Although typical, these clinical features are not limited to Crohn's disease. Intestinal tuberculosis may mimic Crohn's disease. Differentiation depends upon analysis of symptoms, signs, imaging and histological features. Initial therapy for severe flares of Crohn's disease includes systemic steroids and biologic therapy such as Infliximab.

Case Presentation

A 19 years old female presented with a background history of inflammatory type diarrhoea, abdominal pain and weight loss for one-year duration. Previous lower gastrointestinal endoscopy record was inconclusive and suggested possibilities of Crohn's disease and intestinal tuberculosis. Her symptoms had been worsening over 3 weeks. Loose stools occurred six to eight times per day. She had been having a fever as well. Her colonoscopy was consistent with active inflammatory bowel disease favouring Crohn's disease. Despite induction therapy with systemic steroids her clinical status worsened. Colonic perforation was suspected, and patient underwent an exploratory laparotomy. She had repair of sigmoid colon perforation and required colostomy placement. Surgery followed by induction and maintenance therapy of infliximab were successful in achieving remission in this patient.

Conclusion

Crohn's disease presents with a chronic inflammatory type diarrhoea. Its constellation of clinical features is closely mimicked by intestinal tuberculosis. Here we report a case of Crohn's disease, that initially caused a dilemma of unlikely possibility of intestinal tuberculosis.