

Abstract

It is challenging to differentiate Crohn's disease (CD) from intestinal tuberculosis (TB) by clinical, radiological, endoscopic and histological findings but it is pivotal in managing patients thus producing desirable outcomes. This case is about coexistence of both CD and intestinal TB.

This 46-year-old patient, who was in abroad for 12 years and had no significant past medical or family histories, presented with chronic diarrhoea, abdominal pain and on and off fever. No other systemic involvements were revealed on clinical assessment.

He was initially put on treatment for CD based on the clinical and investigation results; however, he required further admission due to relapse of symptoms. Detailed diagnostic assessment revealed abdominal TB and he was started on anti TB drugs along with steroids.

One month after this combined regime, he presented again with terminal ileal perforation with faecal peritonitis and underwent laparotomy. Combined regime continued for CD and TB. He is symptom free at present and on regular follow up.

Coexistence of CD and intestinal TB do occur; however, one needs careful assessment to conform it prior to treatment to avoid side effects and complications.