



## A Singular Case of Crohn's Disease with Multiple Recurrent Stenosis and Intestinal Foreign Bodies

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### Case Study

We report a case of a 60-year-old male patient affected by Crohn's disease for 16 years ago, treated with steroids, mesalazine and currently infliximab for 2 years ago.

In 2007 the patients underwent to a laparotomic ileocecal resection and 6 strictureplasties in duodenum and ileum (3 according to Fazio technique, 2 according to Heineke-Mikulicz technique and one according to Michelassi technique) for chronic bowel obstruction due to several stenosis.

After some time of wellbeing, in the last 4 years the patient started presenting again recurring bowel obstruction episodes with abdominal pain, nausea, vomit and an 8 kg weight loss. The MR entography findings were several stenosis of the terminal ileum with up-stream dilatations and 3 foreign bodies inside (Figure 1, 2). Routine blood examination revealed chronic anemia and ipoalbuminemia.

A multidisciplinary evaluation suggested to surgically explore the patient. At laparotomy we found 4 stenosis in the distal ileus inside the Michelassi's stricturoplasty (1 at the inlet, 2 in the middle and 1 at the outlet just beside the ileocecal anastomosis). Three foreign bodies were found between the stenosis. We performed 2 enterotomies to remove the bodies, which appeared to be bezoars, probably developed between the stenosis for the stasis due to the bowel obstruction (Figure 3). Through the same enterotomies we performed 2 stricturoplasties according to Heineke-Mikulicz technique for the stenosis at the inlet and at the outlet of the stricturoplasty. The 2 stenosis in the middle were treated by a stricturoplasty according to Finney technique. The Heineke-Mikulicz stricturoplasties were done by a 2 layer non-continuous suture (PDS 4/0). The Finney stricturoplasty was done by a 2-layer continuous suture (PDS 4/0).

There were not intraoperative or postoperative complications. The nutrition per mouth was started in post-operative day 3. The drainage was removed and the patient discharged in post-operative day 7.

At the moment, the patient is in good clinical condition and he gained 5 kilograms after 4 months of follow up.

In conclusion, Crohn's disease is a chronic inflammatory bowel disease which can involve every part of the digestive tract and can have a stricuring phenotype [1]. Stricturoplasty is a surgical

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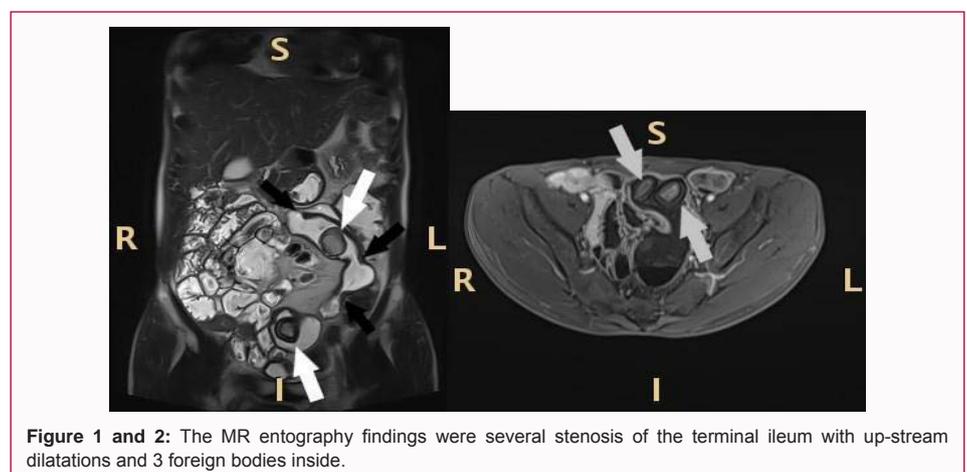


Figure 1 and 2: The MR entography findings were several stenosis of the terminal ileum with up-stream dilatations and 3 foreign bodies inside.



**Figure 3:** Performed 2 enterotomies to remove the bodies, which appeared to be bezoars, probably developed between the stenosis for the stasis due to the bowel obstruction.

technique which allows to treat a stenosis preserving the bowel length [2]. Stricturoplasties seem to improve the inflammatory response in the bowel tract treated. However, in rare case, in severe Crohn's disease it is still possible that stenosis recurs in a bowel tract already treated with a stricturoplasty. Nevertheless, it is feasible and safe to perform again a stricturoplasty in the same tract to preserve the bowel length and avoid malnutrition.

## References

1. Gomollón F. 3<sup>rd</sup> European evidence-based consensus on the diagnosis and management of Crohn's disease 2016: Part 1: Diagnosis and medical management. *J Crohns Colitis*. 2017;11(1):3-25.
2. Gasparetto M, Angriman I, Guariso G. The multidisciplinary health care team in the management of stenosis in Crohn's disease. *J Multidiscip Healthc*. 2015;8:167-79.