IBD Case Discussion

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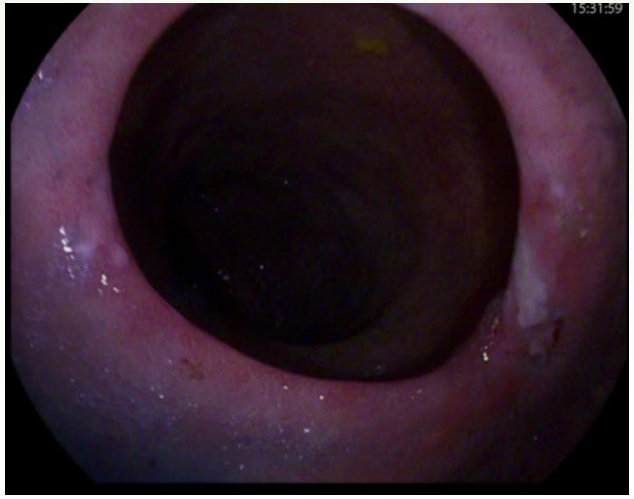
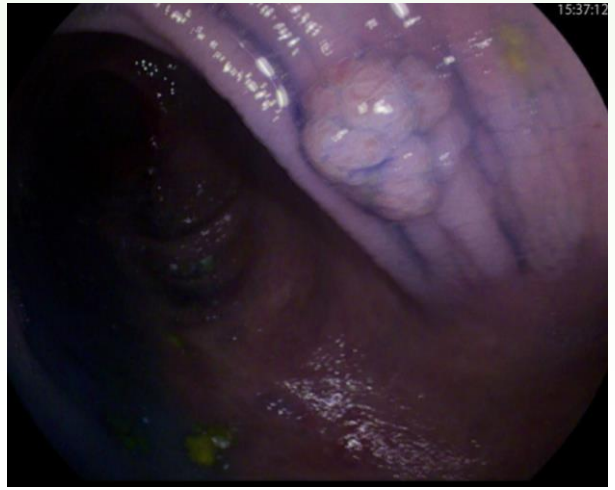
Case 1

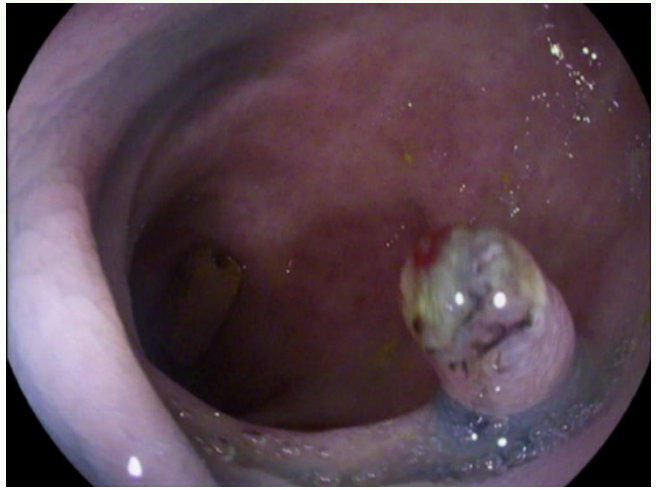
- 56 yo man diagnosed with ulcerative pancolitis in 1992
- Treated with oral mesalamine and in clinical remission until 2019 when he stopped treatment due to cost
- He flared in late 2019 and colonoscopy revealed pancolitis
- He was started on Vedolizumab without response, but did achieve clinical remission after a course of Prednisone and restarting mesalamine
- A colonoscopy with chromoendoscopy was ordered for dysplasia surveillance

Case 1 – Cont'd

- In the ascending colon there was a traversable, benign appearing stricture with ulceration
- Two 8mm ascending colon polyps were removed
- The remaining colon and the terminal ileum were normal

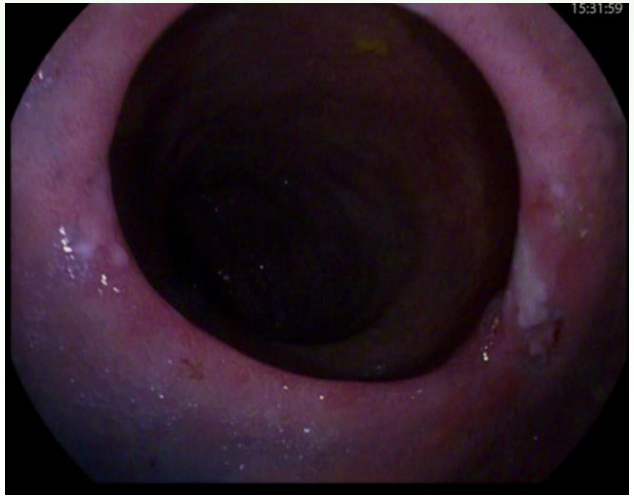


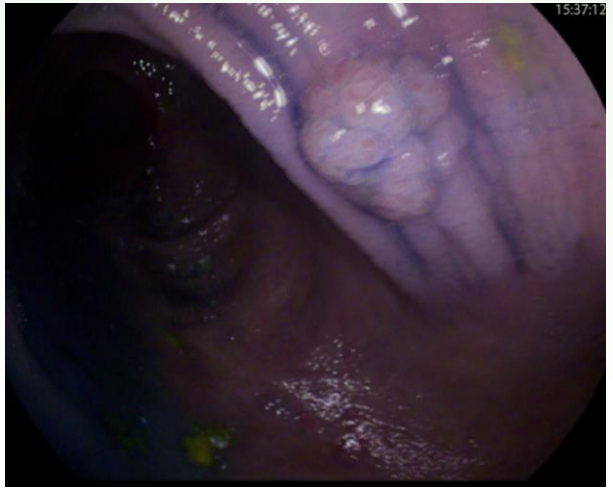


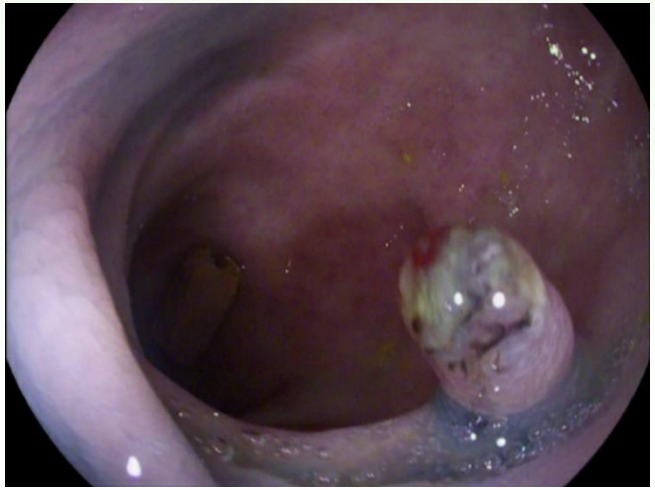


Case 1 – Cont'd

- The stricture was biopsied
  - Path: Fragments of tubular adenoma
- The polyps were deemed resectable and removed with cold snare
  - Path: Tubular adenomas





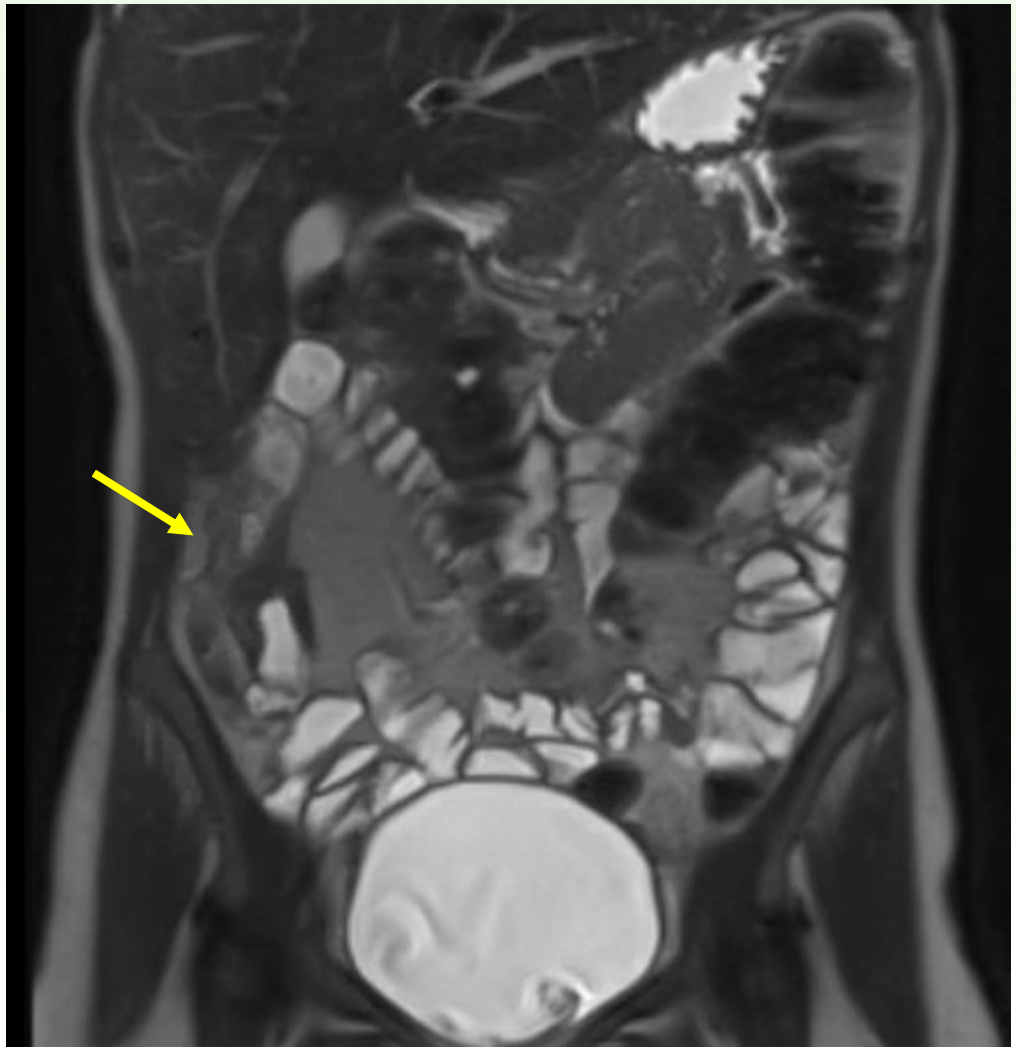


Case 2

- 36 yo woman diagnosed with fistulizing ileocolonic Crohn's during her second pregnancy in 2017
- Developed rectal pain during her second trimester initially attributed to hemorrhoids, then anal fissure, before worsening pain prompted an MRI revealing a "large, complex perianal abscess with transsphincteric extension"
- She had several Penrose drains placed and started antibiotics before eventually having 4 setons placed
- After delivery, she had a colonoscopy and CTE consistent with ileocolonic Crohn's with a fibrostenotic stricture in the TI and she started Adalimumab
- Her major complaints surrounded pain from the setons and passing stool, copious drainage from the setons

Case 2 – Cont'd

- Obstructive symptoms in 2019 prompted ileocecectomy after not responding to Adalimumab dose escalation
- Post-op, Infliximab was started to maintain surgical remission
- Continued to have significant drainage from the setons and rectal/perianal pain



Case 2 – Cont's

- TDM revealed persistently low Infliximab despite dose escalating to 10mg/kg every 6 weeks
- She was switched to Ustekinumab, but continued with rectal pain
- In early 2021, she developed severe abdominal pain and was found to have a stricture at the ileocolonic anastomosis as well as a new pelvic abscess and new fistula while out of state. She underwent drainage and placement of a new seton there.
- Colonoscopy in 3/2021 was normal, but she continued to complain of post-prandial abdominal pain and significant rectal pain associated with her setons

Case 3

- 40 yo woman with Crohn's colitis
- Diagnosed in 1999 at age 17 when she developed diarrhea associated arthralgias, and uveitis
- Colonoscopy confirmed Crohn's colitis and she was started on oral steroids and mesalamine with improvement
- In 2009, she developed bloody diarrhea associated and erythema nodosum

Case 3 – Cont'd

- She started a Prednisone taper, Adalimumab and Azathioprine, however, the symptoms took several months to get under control and she required dose escalation to weekly Adalimumab
- After five years of remission, she stopped the Adalimumab due to concerns about dual therapy and did well on Azathioprine monotherapy
- About two years after that, she developed arthralgias, erythema nodosum, and pulmonary symptoms including a chronic cough, shortness of breath, and wheezing

Case 3 – Cont'd

- She had a pulmonary workup including a flexible bronchoscopy notable for increased erythema, but no signs of infection on BAL and normal PFTs not suggestive of reactive airway disease
- She was started back on Adalimumab in addition to her Azathioprine and her symptoms resolved