


CASE PRESENTATION, BUT FIRST....

**“Why the heck are two Rheumatologists
working on Crohn’s disease?”**

Kamel Kamel
Nov 29, 2004



Crohn's (Crohn) Disease

- Early onset
 - Pathologic diagnosis
 - Highly familial and heritable
 - Ougogenic (or so we think)
 - Large local population
 - Greater chance (than RA) for Fame and Glory!
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Case Management

- Mr. DM
 - 22 years old
 - Second opinion 5/2003
- **HIP:**
 - **Age 10**
 - “Juvenile Rheumatoid Arthritis”
 - Polyarthritis (Hips, Peripheral)
 - Seronegative (RF, ANA)
 - Ø Systemic Features
 - Rx - NSAIDS, IAS
 - **Age 14**
 - Skin Rash
 - Back Pain
 - ?Psoriatic
 - ?SPA
 - Rx MTX, SSZ, NSAIDS ? TNF Antagonist



HPI continued

□ Age 21

- S_x - Fever (39°)
- Wt Loss (10 kg)
- Night Sweats

□ Radio show call in Dx of IBD suggested

- INN_x UGI's
 - Possible Crohn's
 - S_x – Ø GI
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- **Age 22**

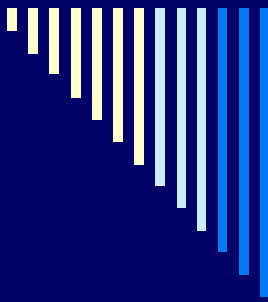
- Hospital Admission

- **Summary of Findings**

- P_x: Active Axial/Peripheral Synovitis
- Damage R Hip
- Ø Rash

- **Investigation:**

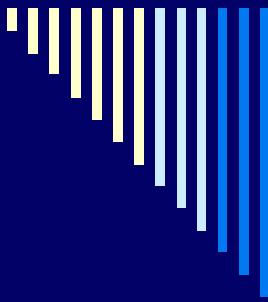
- Hgb 100
 - MCV 74.2
 - PLT 692
 - WBC 6.86
 - INR 1.58
 - EXR 105
 - CRP >300
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- X-ray
 - Bilateral Sacroiliitis
 - Romanus Lesions (Lumbar spine)
 - JSN L Hip (Concentric)
 - BMD LS Z -2.07 FN 0.2
 - ENDOSCOPY – Non Dx (? NSAID changes)
 - Bone Marrow – M. Fortuitum
 - CT Ø Lymphoma/ TB/ other
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□ Rx:

- High Dose Prednisone
 - Methotrexate (SQ) 25 mg./wK
 - NSAID (VIOXX)
 - Remicade (Infliximas SMG/KG Q8 wks)
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- GI Review 9/2004
 - Endoscopy IT “Lymphoid Nodules”
 - Pathology ITI – focal Inflammation (Caminiã Propria)
 - Cryptitis
 - ↑Peyer’s patches
 - REI? Crypt Architecture Distortion
 - Lymphoplasmacytes
 - Active Inflammation ! Cryptitis
 - Dx Crohn’s Disease (Probable)
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