

Uncommon Endoscopic Presentation in Inflammatory Bowel Diseases

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Diarrhea and arthralgia; Leukocytosis

1. Clinical Images

A 48-year-old Moroccan woman with no significant medical history was referred to our institution for evaluation of 4 months history of left flank pain, diarrhea and arthralgia. Physical examination was normal and routine laboratory tests showed elevated C-reactive protein and leukocytosis. During colonoscopy, ascending colon showed trabecular appearance with multiple mucosal bridges which reduced the lumen (Figure 1), the underlying mucosa was intact without evidence of active inflammation. The terminal ileum was erythematous with small aphthous erosions. Pathology displayed unspecific chronic inflammation. Based on clinical, bio-

logic and endoscopic findings, the diagnosis was ileocolic crohn disease.

Endoscopy is essential in the diagnosis, assessment, and management of patients with inflammatory bowel disease. During remission the mucosa may appear normal but in patients who have had recurrent attacks the colon appears featureless with loss of the haustral folds and luminal narrowing, and the mucosa becomes atrophic [1]. In addition, atrophy of the mucosa may leave behind isolated vestiges, which can acquire the appearance either of a mucosal bridge or pseudopolyps [2].

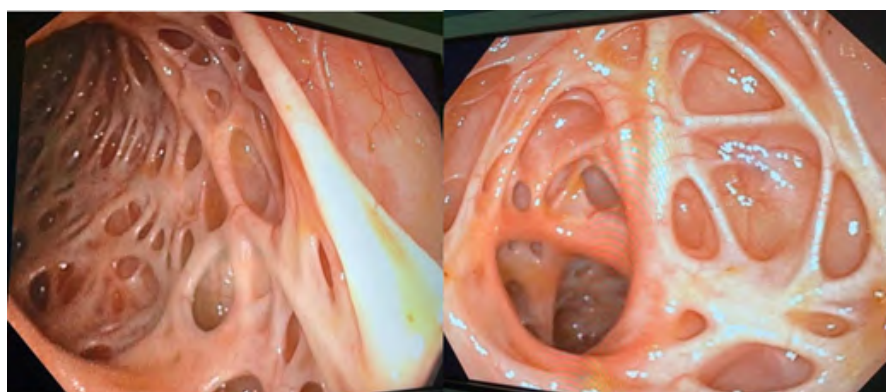


Figure 1: endoscopic view of ascending colon showing trabecular structure due to multiple mucosal bridges, with normal underlying mucosa.

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