

A Food Impaction in Crohn's Ileal Stricture

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Figure. Computed tomography scan showing a circumferential food obstruction (arrow) in an ileal stricture with wall thickening.

A 47-year-old man with a four-year history of ileo-colonic Crohn's disease (CD) presented with abdominal pain and vomiting. On examination, his temperature was 38.2°C and a distended and generalized tender abdomen without peritoneal signs was noted. Laboratory tests revealed an increased white blood cell count of 10,000/mm³ and a C-reactive protein of 6.2 mg/dl. A plain abdominal radiograph revealed air-fluid levels in the small intestine. A computed tomography (CT) scan disclosed a circumferential obstruction (arrow) in an ileal stricture with wall thickening (Figure 1). When questioned, the patient stated that his previous dinner consisted of dried cuttlefish and vegetable roots, which might be difficult to digest. Gastrointestinal decompression with nasogastric tube and antibiotic treatment resolved his symptoms. The patient remained well and was discharged with maintenance infliximab treatment.

This case is an important reminder that CD patients are potentially at a greater risk of bowel obstruction with less digestible food. In other rare instances, bowel obstruction by

food, fruit pits, phytobezoar or foreign bodies has actually led physicians to the diagnosis of CD.¹⁻³ In these cases, a CT scan has been the key in assessing the bowel obstruction, providing a clear identification of the anatomical site to help identify the cause.

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