Pseudotumoral Crohn’s disease in an elderly patient.

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Abstract

Crohn's disease is a very rare inflammatory cryptogenic bowel disease in the elderly and its pseudotumoral form is exceptional. We herein report a case of a pseudotumoral presentation mimicking colon cancer in an elderly patient of 75 years without significant medical history which was explored for bloody diarrhea. Colonoscopy and CT scan concluded in the presence of an ulcerated tumor of the right colon without distant metastases. The patient was operated with the diagnosis of colon cancer but histological examination showed very inflammatory ileal and colonic mucosa with many aphthous ulcers, and chronic granulation but without malignancy. Subsequent endoscopic explorations with biopsies confirmed the diagnosis of ileocecal Crohn's disease. The patient was treated with systemic corticosteroids and azathioprine with favorable outcome. At five years follow-up now, evolution is still favorable.

Keywords: Crohn's disease, Pseudotumor, Cancer, Elderly.
Discussion

It is currently estimated that 10% to 30% of subjects with IBD (UC and CD) are aged over 60 years but only less than 15% of these diseases begin after the age of 60 [2]. The forms diagnosed for the first time in elderly people are rare and are dominated by UC [2,10,11]. They often raise the issue of differential diagnosis with other types of ‘colitis in the elderly’ [10]. Pseudotumoral forms are exceptional and often mistaken for colic and/or small bowel neoplasia leading to a major and mutilating surgery [6,11] (Figure 2).

This form of CD has been reported to occur mainly in young adult: a mean age of 38 years in the series of Tamzaourte et al. [12], and a mean age of 43 years in the series of Fekih et al. [7].

The clinical presentation of the pseudotumoral CD is variable: dysenteric syndrome and weight loss like our case and the case of Maamouri et al. [13], obstruction and pseudo-obstruction (secondary complication in our case) [7,12], rectal bleeding [14], abdominal mass [12,15], and fever along with acute right iliac fossa pain [7].

Radiological investigations are not contributory to the diagnosis of these pseudotumoral forms. They fail to differentiate them from colonic neoplasms. Definitive diagnosis is made by histological examination [7,12,15].

In fact, and like in our case, all the 16 patients in the series of Fekih et al. [7], and the 8 patients in the series of Tamzaourte et al. [12] underwent surgery and only the histopathological examination of surgical specimen confirmed the diagnosis of Crohn's disease (Figure 3).

Usually, this form of CD seems to be minimally aggressive and respond well to medical therapy. Indeed, Maamouri et al. had mentioned in their case a clinical remission after a local treatment with one gram per day of aminosalicylates [13]. Mnif et al. had also described a lesions regression after two months of systemic corticosteroids [14].

Figure 2. Abdominal CT scan with three-dimensional reconstruction showing tumoral obstruction of the right colonic with infiltration of mesenteric fat.

Figure 3. Axial abdominal CT scan showing irregular and obstructing tumoral process of the right colon extended to the cecum.

Conclusion

This particular form of Crohn's disease deserves to be well known as it is the main differential diagnosis with enterocolic cancers. Considering this possible diagnosis, particularly in the elderly, we can avoid a heavy and unnecessary surgery.

References


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